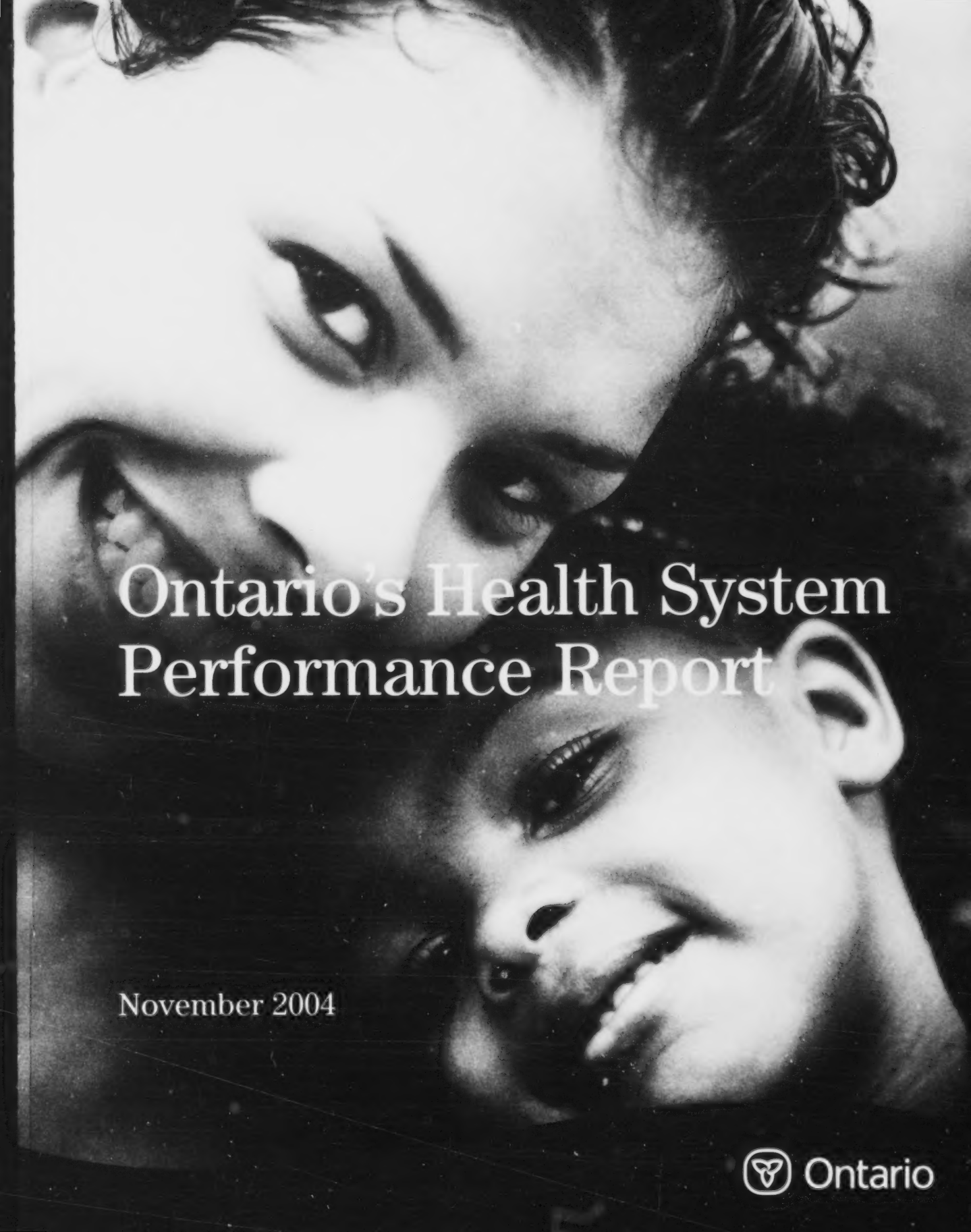

Ontario's Health System Performance Report

November 2004

Ontario

105-06172/

The Commitment

In September 2000, Canada's Prime Minister and Premiers made a commitment to produce regular public reports on the performance of our health systems. Each province and territory agreed to report on a number of common indicators or measures so that, over time, jurisdictions could compare their performance and learn from one another.

In 2002, Ontario released its first report on the performance of its health system. This is its second performance report.[1]

[1] Most of the indicators in this report are based on data provided to the Ministry by Statistics Canada, Health Canada and the Canadian Institute for Health Information (CIHI). The federal government and the other provincial and territorial governments are also using these data sources to prepare their reports. The remaining indicators are based on data produced or obtained directly by the Ministry. The Ministry recognizes that there are ongoing efforts to ensure the accuracy of all the data reported.

Data limitations and technical specifications for all indicators can be viewed at www.cihi.ca/comparable-indicators or www.statcan.ca/english/freepub/82-401-XIE/2002000/index.htm.

A Message from the Minister of Health and Long-Term Care

In September 2000, Canada's Prime Minister and Premiers made a commitment to produce regular public reports on the performance of our health system. That commitment was made again in 2002 and 2004. This kind of reporting is one way that all provinces and territories are working together to renew the health system for all Canadians.

Ontario released its first report in 2002. I am pleased to bring you this second report. It describes how the health system has performed over the past few years and helps us understand which services help to make Ontarians healthier and which ones need improvement. While we are pleased to see that we are making progress, we know there is still much work to be done.

This is an extraordinary time for healthcare in Ontario. We have laid out a bold vision for Ontario's health system: healthier Ontarians in a healthier Ontario. We have a plan of action to get there by 2007.

Over the next three years, we will continue to pursue our important mission: to keep people healthy and care for those who are sick. We are committed to the task of building a better health system for you and your family, and ensuring that system is accountable for delivering quality results.

We will continue to report to you on how the system is performing. Future reports will demonstrate how our initiatives are making a difference in the health of all Ontarians.

Sincerely,

George Smitherman

George Smitherman
Minister

November 30, 2004

Management's Responsibility for Ontario's Health System Performance Report

Responsibility for the integrity of the Province of Ontario's Health System Performance Report ("the Report") rests with the Ministry of Health and Long-Term Care. The responsibility of the Ministry includes maintaining systems and controls to ensure that information is objective, complete, and accurate in accordance with the reporting requirements approved by the Federal/Provincial/Territorial (F/P/T) Ministers of Health.

The health indicators in the Report comply with the *Plan for Reporting Comparable Health Indicators in November 2004* approved by the F/P/T Ministers of Health. In preparing the Report, the Ministry relied on information provided by or obtained from external parties as indicated in the Report. The Ministry's responsibility for information provided by external parties is limited to being reasonably confident that it is free of significant misrepresentation. With respect to information produced by the Ministry, the Ministry is responsible for and has procedures and systems in place for producing and reporting reliable information. However, the reliability of the health indicators data is continually being improved.

The Acting Provincial Auditor of Ontario reported on the results of applying specified auditing procedures to the Report. The report of the Acting Provincial Auditor follows.

Marg Rappolt
Deputy Minister (A)

November 30, 2004

To the Minister of Health and Long-Term Care

As agreed to on July 11, 2004, under Section 17 of the *Audit Act*, I have performed the following procedures in connection with the Province of Ontario's Health System Performance Report (the "Report") dated November 2004:

1. Verified that the health indicators reported for Ontario that were based on information obtained from an independent source, such as Statistics Canada or the Canadian Institute for Health Information, agreed with the stated sources.
2. Reviewed the source documentation for indicators from the Ministry of Health and Long-Term Care sources, and verified that the reported results agreed with these sources.
3. Verified that calculations were accurately performed to convert source information into the reported results.
4. Verified that the health indicators were reported in accordance with the requirements contained in the Plan for Reporting Comparable Health Indicators in November 2004.

As a result of applying the above procedures, I found no exceptions. However, these procedures do not constitute an audit, and therefore I express no opinion on the Province of Ontario's Health System Performance Report nor the accuracy of the indicators reported therein.

This Report is an important accountability initiative for Ontario, and I am encouraged by the work undertaken by the Ministry in the preparation of this Report. I am also encouraged that the Ministry is improving its procedures for ensuring the accuracy of data. Accurate data leads to better decision-making and improved accountability, and may increase the level of assurance that my Office can provide in the future.

J.R. McCarter, CA
Acting Provincial Auditor
Toronto, Ontario

November 30, 2004

Introduction

The government of Ontario has laid out a simple bold vision for Ontario's health system: *healthier Ontarians in a healthier Ontario.*

To achieve this vision, the government is developing a comprehensive four-year plan to improve the quality of publicly-funded health services throughout Ontario by:

- shortening wait times
- re-focusing services on the needs of patients
- increasing the number of doctors and nurses
- making the system more accountable to the public by delivering and reporting on key quality outcomes.

To improve the quality and the performance of our health services, we need an accurate picture of how the health system is doing now. Which services are helping to make Ontarians healthier? Which ones need improvement?

This report describes our progress in five key areas:

1. Maintaining and improving the population's health
2. Giving Ontarians access to the health services they need
3. Patient satisfaction
4. Preventing diseases
5. Encouraging Ontarians to make healthy choices.

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1. How Healthy Are Ontarians Now?

How healthy are people who live in Ontario? One of the best ways to measure a population's health is to examine:

- how long people live (i.e., life expectancy)
- how healthy people are during their lives (i.e., quality of life)
- how people feel about their health (i.e., how people perceive their health or self-reported health).

This type of information tells us whether Ontarians are enjoying better health. It also gives us a general idea of how effective the health system is at promoting health, preventing diseases, treating illnesses and providing support for people with long-term disabilities. Healthy people who have access to high quality healthcare and support services are likely to live longer in better health.

1.1 Are Ontarians Living Longer?

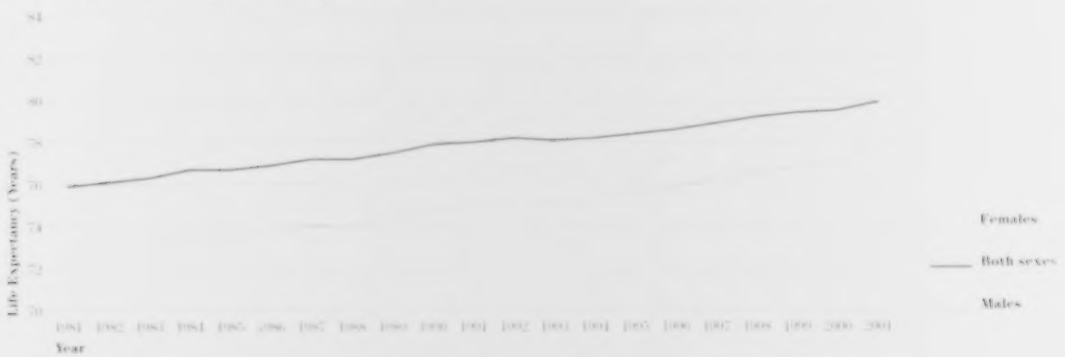
Overview

Life expectancy – the number of years people are expected to live from the time they are born – is one of the most widely used measures of a population's health.

Trends in Life Expectancy

Over the past 20 years, life expectancy in Ontario has increased by four years. For example, Ontarians born in 1981 can expect to live an average of about 76 years, while people born in 2001 can expect to live an average of almost 80 years. In Ontario, as in most developed countries, women have a higher average life expectancy than men: 82 for women born in 2001 compared to 77 for men.

Ontario Life Expectancy at Birth by Sex - 1981 to 2001



Source: *Statistics Canada, Vital Statistics Files, Birth and Death Databases and Demography Division.*

Factors Affecting Life Expectancy

Why are Ontarians living longer? Improvements in life expectancy may be the result of a number of factors, including:

- people taking more responsibility for their own health and making healthier choices (e.g., eating well, being more physically active)
- population health strategies that help prevent illness and make communities healthier (e.g., immunization programs, clean air and water, legislation that reduces people's exposure to second-hand smoke)
- better quality healthcare and advances in medical technology
- broader social determinants of health, such as income and education (e.g., people with higher incomes and more education tend to be healthier and live longer).

1.2 Are Ontarians Living Longer in Better Health?

Overview

Ontarians may be living longer, but are they enjoying good health through those years?

In 2001, the Ministry of Health and Long-Term Care began using a measure known as Health Adjusted Life Expectancy (HALE). HALE estimates the number of years that people can expect to live in perfect health during their lifetime by examining their physiological or psychological functioning and their ability to participate in daily activities.[1] This measure helps create a clearer picture of the quality of Ontarians' lives.

Health Adjusted Life Expectancy

The following chart compares Ontarians' health adjusted life expectancy with their life expectancy. While men born in 2001 can expect to live about 77 years, only about 68 of those years will be lived in perfect health: they can expect to live 9 years with health problems. The same trend holds true for women: they can expect to live about 82 years, but only 70 of those years will be free of disease or disability.[2] Over time, Ontario's goal is to close the gap between life expectancy and health adjusted life expectancy, so Ontarians will live more of their lives in good health.

[1] Manuel DG, Schultz SE. *Adding Years to Life and Life to Years: Life and Health Expectancy in Ontario*. Institute for Clinical and Evaluative Sciences, 2001. p. 2.

[2] As 2001 is the first year that Ontario has had access to HALE data, it is not possible to discuss trends in health adjusted life expectancy or make comparisons with previous years.

Ontario Health Adjusted Life Expectancy (HALE) and Life Expectancy (LE) at Birth for Total Population Males and Females - 2001

Source: *Statistics Canada, Vital Statistics Files, Birth and Death Databases and Demography Division, 2001 Census, Canadian Community Health Survey 2001.*

Factors Affecting Health Adjusted Life Expectancy

The increase in life expectancy and changes in health adjusted life expectancy may be due to the reduction in deaths from diseases such as cancer and ischemic heart disease. A reduction in deaths from these diseases will result in an increase in hospitalizations for other conditions.[1] However, the quality of life for people living with chronic diseases will depend on having access to a range of formal and informal community support services such as home care, special needs transportation, assistive devices, and opportunities to play an active role within their families and their communities.

[1] Manuel DG, Schultz SE. *Adding Years to Life and Life to Years: Life and Health Expectancy in Ontario*, Institute for Clinical and Evaluative Sciences, 2001, pp 5-6.

The Impact of Income on Health

A number of cultural, social and economic factors outside the health system (known as determinants of health) can have a substantial impact on how long and how well we live. Canadians who have low levels of income tend to have poorer health. People who have enough money are able to purchase healthy food, adequate shelter, and other essentials of a healthy life.[5] As the following chart illustrates, both life expectancy and health adjusted life expectancy increase as income increases.

For Ontario males in the lowest tercile or income level, life expectancy is 75.5 years and HALE is 65.5 years. For men in the highest tercile or level of income, life expectancy increases to 78.7 years and HALE to 70.6 years. Men who have higher incomes live about three years longer and, perhaps more importantly, enjoy over five more years in better health.

For Ontario females the pattern is much the same. Women with low incomes can expect to live about 81.5 years and 68 years in good health; women with the highest incomes can expect to live about .9 year longer (82.4) years and enjoy about 4 more years of good health. Income appears to make less of a difference for women than for men; the reason for the difference is not clear and requires more study.

The gaps in health between rich and poor in Canada are significantly narrower than those in other countries like the United States.[6] This is likely due to Canada's publicly funded education, health and social service systems, which ensure that even the least fortunate members of society have access to high quality education, health and social services.

Ontario Health Adjusted Life Expectancy (HALE) and Life Expectancy (LE) at Birth by Income Groups Males and Females - 2001

Source: Statistics Canada, Vital Statistics Files, Birth and Death Databases and Demographic Division, 2001 Census, Canadian Community Health Survey 2001.

Canadian Institute for Health Information, Canadian Population Health Initiative. *Improving the Health of Canadians*. 2001. p.21

Dunn JR. *Are Widening Income Inequalities Making Canada Less Healthy?* In Health Determinants Partnership. Toronto. 2002. pp. 1-6

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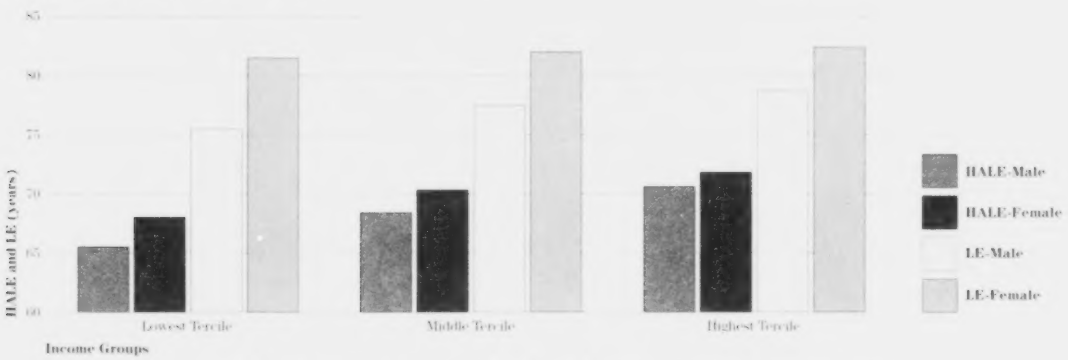


Source: *Statistics Canada, Vital Statistics Files, Birth and Death Databases and Demography Division, 2001 Census, Canadian Community Health Survey 2001.*

[5] Canadian Institute for Health Information, Canadian Population Health Initiative. *Improving the Health of Canadians*, 2004. p 24.
[6] Dunn JR. *Are Widening Income Inequalities Making Canada Less Healthy?* In Health Determinants Partnership. Toronto, 2002. pp. i-iv.

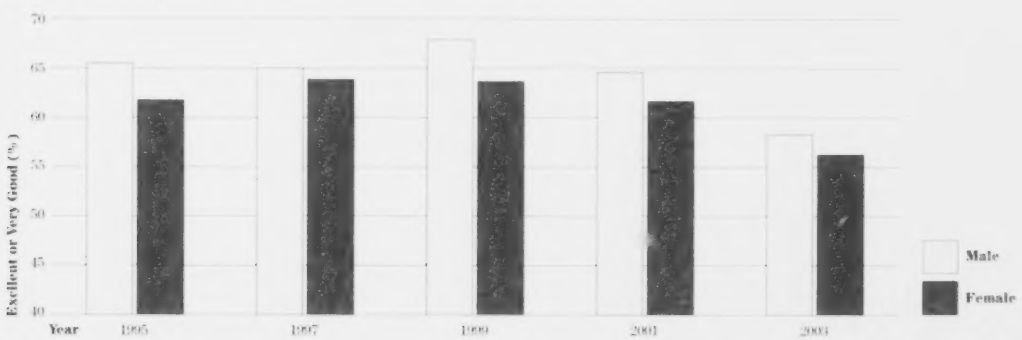
1.3 How Do Ontarians Feel About Their Health?

Overview

Ontarians are living longer and living most of those years in good health, but do they consider themselves healthy? To understand how Ontarians rate their own health, the Ministry of Health and Long-Term Care uses a measure known as self-reported health. This measure often includes elements that other measures miss, such as the resources people have to help them maintain well-being, the severity of their illness, their psychological reserve, and their social and mental function.

To capture information on self-reported health, a proportion of the population was surveyed and asked to rate their health using a five-point scale: poor, fair, good, very good and excellent. In 2003, 57.2% of all those surveyed in Ontario reported their health as excellent or very good. Between 1999 and 2003, the percentage of men rating their health as excellent or very good dropped from 67.9% to 58.3%. Between 1999 and 2003, the percentage of women who consider themselves to be in excellent or very good health dropped from 63.6% to 56.2%.

Ontario Self-Reported Health over Time - 1995 – 2003 - Ages 12 and over



Source: *Statistics Canada, Canadian Community Health Survey 2003 and 2000/01, National Population Health Survey 1994/95 – 1998/99.*

Factors Affecting Self-Reported Health

People's self-reported health is affected by their experience with illness. It is also influenced by broader factors such as income and social status. For example, people who have a good education, job, and income are more likely to perceive themselves as healthy.

What is the Health System Doing to Increase Life Expectancy and Improve Quality of Life?

The Ministry of Health and Long-Term Care recognizes the impact of the quality and availability of health services on life expectancy and quality of life. The health system is pursuing three strategies that it believes will lead to "*healthier Ontarians in a healthier Ontario*":

- providing universal access to treatment and support services that will help increase life expectancy and the quality of life of those living with illness and disability
- improving the quality of treatment and support services
- promoting health and preventing disease so that Ontarians will live longer in better health.

The ministry is also aware of the impact of the broader determinants of health on how long and how well Ontarians live, and is working with other ministries and services to promote a healthy Ontario.

RUTH
WILSON
MEDICAL CENTER

2. Are Ontarians Receiving Care When They Need It?

Are Ontarians receiving the services they need when they need them? Over the last few years, people have become increasingly concerned about the health system's ability to meet their needs. According to a national survey conducted in 2004, two-thirds of Canadian families waited longer than they thought they should to receive medical services.[7]

The Ontario government is committed to improving access to care, and shortening wait times for key health services.[8] The Ministry of Health and Long-Term Care is continually monitoring Ontarians' ability to obtain key health services, including primary care, community care, and some critical treatment and diagnostic services. This report describes the current situation, some of the factors that affect people's ability to obtain health services, and the steps Ontario is taking to improve access to these services.

2.1 How Easy is it for Ontarians to Access Primary Care Services?

Overview

Primary care is the care provided by family physicians, nurse practitioners and other healthcare providers that helps people maintain their health and prevent health emergencies. It is usually Ontarians' first point of contact with the health system. Primary care services include:

- health information and advice
- annual checkups and health assessments
- routine care for an ongoing illness (e.g., high blood pressure, diabetes, asthma)
- immediate care for minor illnesses and injuries
- supportive and rehabilitative care after an injury or surgery.

When Ontarians have easy access to primary or routine care services that help them manage their health, they are less likely to use other more costly health services, and the system itself becomes more efficient. For example:

- People who have easy access to accurate health information are more likely to make healthy choices. They are also better able to look after minor health problems themselves and promote their own health.
- People who receive routine checkups and ongoing care for health problems are less likely to develop serious health problems.
- People who see a family physician for treatment of minor illnesses or injuries can avoid going to hospital emergency departments for care. Emergency departments can then concentrate on what they do best: helping people with more urgent and complex health problems.

[7] IBM Business Consulting Services, *Health Insider*, Survey #11, 2004, p. 39.
[8] Government of Ontario, Ontario Budget 2004.

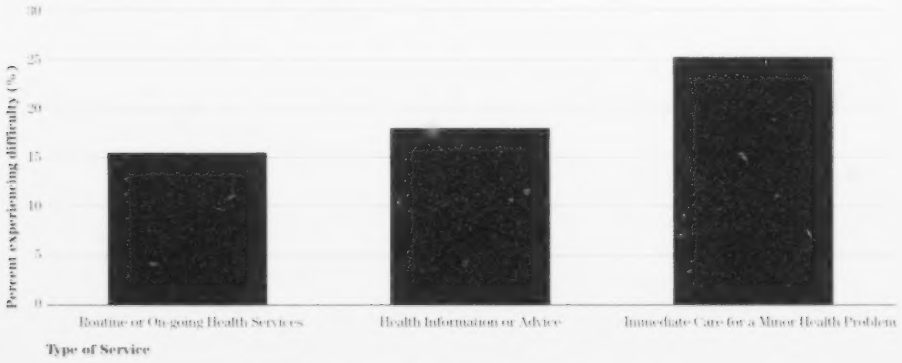
Difficulty Obtaining Primary Care Services

In the 2003 Health Services Access Survey (HSAS), Statistics Canada asked Canadians age 15 and over about their experiences accessing primary care services during the previous 12 months, including whether they had difficulty obtaining:

- health information and advice for themselves or a family member
- routine care from a family physician or general practitioner, such as annual checkups, blood tests or ongoing care for an illness
- immediate care for a minor (i.e., non-life threatening) health problem or injury, such as fever, vomiting, a major headache, a sprained ankle, minor burns and cuts.[7]

As the following chart illustrates, some primary care services are more accessible than others. Ontarians had less difficulty obtaining routine/on-going care or health information than they had obtaining immediate care for a minor illness or injury. In 2003,15.4% of Ontarians reported difficulties accessing routine or on-going care, 17.9% had difficulty accessing health information for themselves or a family member, and 25.1% had difficulty obtaining immediate care for a minor health problem or injury. Because these indicators are based on patient perceptions (i.e., self-reported data), the results may be affected by people's expectations of how long they should have to wait for care.

Difficulty Obtaining Health Services in Ontario by Type of Service
Percent of those requiring services, Age 15 and over - 2003



Source: *Statistics Canada, Health Services Access Survey 2003.*

[7] Statistics Canada. *Access to Health Care Services in Canada*. Government of Canada, June 2004, p. 7.

Factors Affecting Access to Primary Care

Health information and advice. A growing number of Ontarians are taking charge of their own health and seeking answers to their health related questions and concerns. According to a 2003 nationwide survey, people often seek information on a specific disease or illness, diet and nutrition, general health knowledge and female health issues,[10] and they get their information from many different sources, including physicians and healthcare professionals, websites, books, health newsletters and telephone health support lines.

Respondents who participated in the HSAS identified a number of factors that limited their ability to obtain health information, including:

- difficulty contacting a physician or nurse
- waiting too long to speak with someone
- receiving inadequate information or advice.[11]

The problems respondents experience obtaining health information could be due to an inadequate supply of health professionals or a lack of knowledge about how to access specific health services. Some Ontarians may also have limited access to the Internet or a poor understanding of how to use the Internet to obtain sound health information or advice.

Routine care/Immediate care. When asked why they had difficulty obtaining routine care or immediate care, HSAS participants identified four main barriers:

- difficulty getting an appointment
- long waits for appointments
- difficulty contacting physicians
- long in-office waits.[12]

The problems respondents experience obtaining routine and immediate care may be due to a number of factors, including a shortage of physicians and other healthcare providers in some parts of the province and/or limited access to primary care services at certain times of day (e.g., clinic hours may not meet patient needs). In some cases, people may not know where to go for the care they need. For example, many people with minor illnesses and injuries go to hospital emergency departments where they have to wait while people with more urgent life-threatening problems receive care.

[10] IBM Business Consulting Services. *Health Insider*. Survey #9, 2003, p. 42.
[11] Statistics Canada. *Access to Health Care Services in Canada*. Government of Canada, June 2004, p. 11.
[12] Ibid, p. 10.

What is Ontario doing to Improve Access to Primary Care Services?
Improving access to primary healthcare services is a priority in Ontario. The government has taken a number of steps designed to make it easier for Ontarians to obtain the information and care they need, including:

- **increasing the supply of healthcare providers** by
  - doubling the number of assessment and training positions for international medical graduates so more foreign-trained physicians can meet the requirements to practice in Ontario
  - funding medical education programs designed to increase the supply of physicians who will work in rural and remote regions
  - establishing an underserviced area program that provides incentives for physicians to practice in underserviced areas
  - increasing the number of places in the province's medical schools so they can produce more physicians, particularly family physicians
  - promising to double the number of education placements for nurse practitioners by 2008.
- **reorganizing or developing new ways to deliver primary care services**, including:
  - primary care physician group practices that offer extended hours of services
  - multidisciplinary "Family Health Teams" that include physicians, nurse practitioners and other health professionals who can provide care and help to reduce wait times. These multidisciplinary teams will increase access to routine health services and provide health promotion and prevention services.
- **funding two teletriage services**:
  - Telehealth Ontario is a free telephone health/self-care resource that gives Ontarians access to health information and advice 24 hours a day, seven days a week. Nurses give callers advice about the most appropriate care options (e.g., taking care of themselves at home, seeing their family physician, contacting a community service or going to the local emergency department). The ministry is currently evaluating the impact of Telehealth Ontario on Ontarians' access to appropriate information and on their use of other health services. For more information on Telehealth Ontario, see Section 3 – Patient Satisfaction with Telephone Health Services.
  - Telephone Health Advisory Service (THAS) is an after-hours integrated teletriage service available to patients enrolled with certain primary care groups. In addition to the health information and advice provided by Telehealth, THAS provides access to an on-call physician from each primary care group it serves. It also sends a report to each caller's primary care physician.

2.2 How Easy is it for Ontarians to Access Community Care Services?

Overview

A number of key healthcare services are now delivered outside hospital and long-term care facilities – in community health centres, ambulatory care clinics and people's homes. These community care services help improve people's health and reduce the need for more costly services delivered in hospitals and long-term care facilities. This report examines Ontarians' access to three community care services:

- home care
- ambulatory care
- prescription drugs.

2.2.1 Are Ontarians Using Home Care Services?

Overview

Home care services – including home nursing care, rehabilitation therapy, and assistance with daily activities such as bathing, dressing and grooming – are an essential part of Ontario's health system. These services provide:

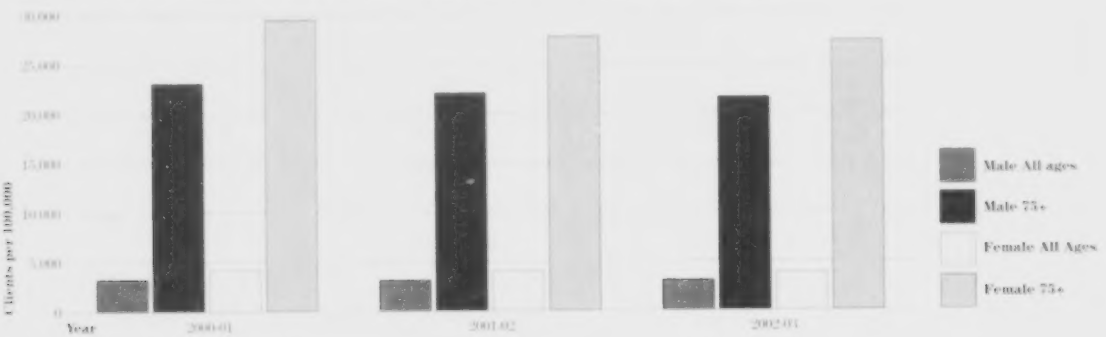
- long-term or chronic care for Ontarians who are limited by a disease or disability so they can continue to live at home and do not have to be admitted to hospital or move to a long-term care facility
- short-term or acute care for people who are recovering from surgery so they do not have to spend as much time in hospital.

People age 75 and older are significant users of home care services.

Trends in Access to Home Care Services in Ontario

Fewer Ontarians received publicly funded home care services in 2002/03 (3,407 per 100,000 population) than in 2000/01 (3,718 per 100,000 population). Among people age 75 and older, the number of people using home care during the same years dropped from 27,092 to 25,091 per 100,000 people in that age group. Given that Ontario's population and the number of people age 75 and older increased over this time period, this trend may indicate that Ontarians are finding it more difficult to obtain home care services, and that access to these services is not improving. When clients are unable to access home care services, they may have to use more expensive services, such as emergency departments and other hospital or facility based services.

Ontario Home Care Clients by Sex, All Ages & Age 75 and over, 2000-01 to 2002-03



Source: *Ontario Home Care Administration System (OHCAS).*
Note: The data for males and females of all ages is the number of clients per 100,000 of **all males and females respectively in the population**, while the data for males and females age 75 and over is the number of clients per 100,000 **males and females respectively age 75 and over**.

Factors Affecting Access to Home Care Services in Ontario

The drop in the number of clients receiving home care services in 2002/03 may be linked to funding limitations which may have impeded access to home care services.

What is Ontario Doing to Give Ontarians Better Access to Home Care Services?

Ontario is committed to avoiding unnecessary hospital admissions and reducing hospital stays by providing more healthcare services – including home care – in the community. To increase the capacity of home care services, the government is:

- **increasing funding for Community Care Access Centres (CCACs)**. Ontario has a network of 42 CCAC's that provide a single access point to home care services, long-term care facilities and other services in their communities. With the increase in funding, CCAC's will be able to increase both short-term acute and long-term chronic home care services, develop a comprehensive end-of-life strategy, and improve end-of-life services.
- **investing $29.2 million in community support services and supportive housing in 2004/05**. This funding will be used to improve key community services such as: meal programs, transportation, attendant care, homemaking services and supports for caregivers.

2.2.2 Are Ontarians Using Ambulatory Care Services?

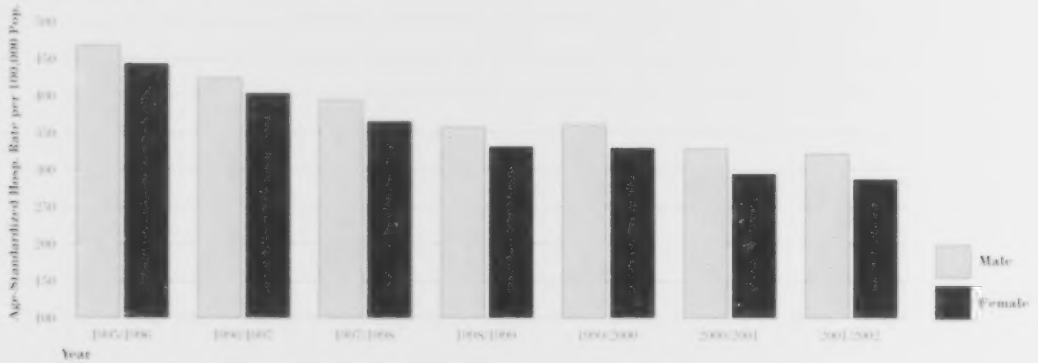
Overview

When people with certain long-term health problems such as diabetes, asthma, high blood pressure, alcohol dependence, and depression are able to obtain timely services in the community, their health improves and they are less likely to need costly hospital services. To determine whether Ontarians are receiving effective community or ambulatory care services, Ontario monitors the number of people hospitalized for these "ambulatory care sensitive conditions".

Trends in Hospitalization for Ambulatory Care Sensitive Conditions

As the chart below indicates, hospitalization rates for ambulatory care sensitive conditions have declined steadily from 456 per 100,000 population in 1995/96 to 304 per 100,000 population in 2001/02.

Ontario Hospitalization Rate for Ambulatory Care Sensitive Conditions Over Time - 1995/96 to 2001/2002



Source: *Canadian Institute for Health Information, Hospital Morbidity Database; Statistics Canada, Census.*

Factors Affecting Hospitalizations for Ambulatory Care Sensitive Conditions

The dramatic decrease in the number of people who are hospitalized for conditions that can be treated in the community is due primarily to the government's investment in increasing the number, quality and variety of community services. This has made it possible to deliver care in the community that, in the past, was available only in hospital settings.

What is Ontario Doing to Improve Access to Ambulatory Care?

Ontario has recognized the vital role that community care services play in improving health and managing healthcare costs. To improve access to ambulatory care services, the Ministry of Health and Long-Term Care has developed a number of initiatives, including:

- **Asthma Plan of Action**, a joint project of the Ministry of Health and Long-Term Care, the Ontario Hospital Association, the Ontario Lung Association and other external stakeholders designed to improve community treatment and prevention supports for people with asthma throughout the province.
- **Diabetes Programs**, a series of programs designed to provide effective community services in all parts of the province. (For a more detailed description of these programs, see 4.4.)
- **Enhanced Community Mental Health Services**, involving more crisis intervention, case management, community treatment and early intervention services, which will help individuals with serious mental illness take charge of their lives, be productive members of society, avoid hospital admissions, and enjoy a better quality of life.

2.2.3 Is Cost Affecting Ontarians' Access to Prescription Drugs?

Overview

Prescription drugs or pharmaceuticals play a key role in helping Ontarians manage illnesses at home or in the community and avoid being hospitalized.

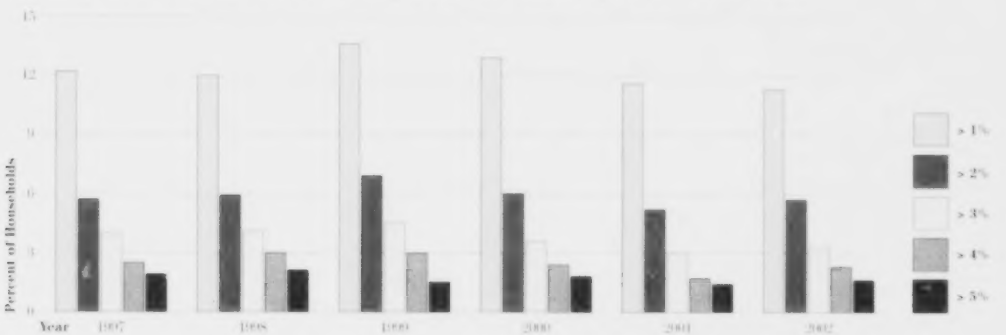
People's ability to obtain the drugs they need can be affected by where they receive their care. For example, under the regulations that govern Ontario's health system, Ontarians treated in hospital receive their prescription drugs free of charge while people treated in the community either have to pay for their medications themselves or have private or public drug insurance. For many people, the move to provide more care in the community is leading to higher drug costs. If these costs become too high, there is a risk that some people will either stop taking their medications or not take the required dose. This, in turn, can lead to an increase in health problems and in the need for other more costly treatments, such as hospital care.

To determine whether the cost of prescription drugs is becoming a barrier to people obtaining care, the government examined what proportion of their out-of-pocket household income Ontarians are spending on their medications.

Trends in Out-of-Pocket Spending on Prescription Drugs

In 2002, 57.9% of Ontario households used some of their annual after tax income to buy prescription drugs, 11.3% of Ontario households spent more than 1% of their annual after tax income on prescription drugs, 5.7% spent more than 2%, 3.3% spent more than 3%, and 2.3% spent more than 4%. Only 1.6% of households spent more than 5% of their annual after tax income on prescription drugs (please see note on table to use with caution). These spending rates have remained fairly consistent over the last 6 years.

Spending on Prescription Drugs Greater than 1 percent of after tax income 1997-2002



Source: *Statistics Canada, Survey of Household Spending 1997, 1998, 1999, 2000, 2001, 2002.*

Note: Statistics Canada recommends that results for >5% for the years 1999 to 2002 and for >4% for 2001 be used with caution.

The low number of households spending over 4 or 5% of their annual after tax incomes on medications means that relatively few Ontario households face financial hardship as a result of drug costs.

Factors Affecting Spending on Medication and Access to Prescription Drugs
The relatively low household spending on prescription drugs is due to the comprehensiveness of private and public drug coverage available in Ontario.

What is Ontario Doing to Keep Cost from Affecting Access to Prescription Drugs?
Ontario provides a number of provincial drug insurance plans that help cover the cost of medications. In 2003/04, these programs covered more than 3,600 drug products and provided $2.8 billion in drug products for Ontarians. People who are eligible for these programs are usually required to contribute a small amount (called a co-payment) to the cost of their medications. These programs include:

- **Ontario Drug Benefit (ODB) Program**, which provides drug benefits to seniors living in the community, people on social assistance, residents of long-term care facilities and Homes for Special Care, and people receiving services under the Home Care Program. Low income seniors and other recipients pay a co-payment of up to $2.00 towards the cost of each prescription. Seniors with an annual income at or above a certain level (i.e., $16,018 for a single senior; $24,175 for a senior couple) pay an annual deductible of $100 per person before they are eligible for drug coverage, and a co-payment of $6.11 for each prescription.
- **Trillium Drug Program**, which assists Ontarians who have high drug costs (relative to their income) but are not otherwise eligible for ODB and do not have adequate private drug insurance. Patients and their families pay an annual deductible based on their combined household income and family size and a co-payment of $2.00 for each prescription.
- **Special Drugs Program**, which pays the full cost of certain expensive drugs (e.g., erythropoietin for people with end-stage renal disease, selected drugs for cystic fibrosis, certain HIV/AIDS drugs) for people being treated in the community. There is no cost to any patient who qualifies for these drugs.

2.3 How Long do Ontarians Wait for Specialized Healthcare Services?

When people develop serious illnesses, such as cancer and heart disease, they want to be diagnosed and treated as quickly as possible. While timely care is important, Ontarians may have to wait to receive some specialized health services. The key challenge is to manage those wait times and make sure they do not have a negative effect on people's health. To manage wait times, the Ministry of Health and Long-Term Care must understand how long people are waiting for some services and how long they can wait safely depending on the seriousness of their condition. That research now is underway.

This report describes what we know now about wait times for the following critical health services:

- cardiac bypass surgery
- radiation therapy for breast and prostate cancer
- non-emergency diagnostic services.

2.3.1 How Long do Ontarians Wait for Cardiac Bypass Surgery?

Overview

Coronary artery bypass graft surgery – or cardiac bypass surgery – is an open-heart procedure performed on patients with advanced coronary artery disease. Coronary artery disease occurs when the arteries that bring blood and oxygen to the heart muscles are blocked.[10] During cardiac bypass surgery, a surgeon grafts or sews a vein or artery taken from another part of the body onto the blocked artery, allowing the blood flow to bypass the blockage and restoring oxygen to the heart muscle. This operation is extremely effective in relieving symptoms of coronary artery disease and angina.[11]

The Cardiac Care Network of Ontario (CCN), an advisory body to the Ministry of Health and Long-Term Care, operates a cardiac care registry and monitors the length of time that people age 20 and over wait for bypass surgery. Monitoring wait times for heart procedures is essential to ensure that Ontario's health system continues to provide timely access to this critical procedure. Patients who have to wait an excessive amount of time for heart surgery have a higher risk of heart attacks and death. Long wait times also increase patients' anxiety, lower their productivity and reduce their quality of life.[12]

Trends in Wait Times for Cardiac Bypass Surgery

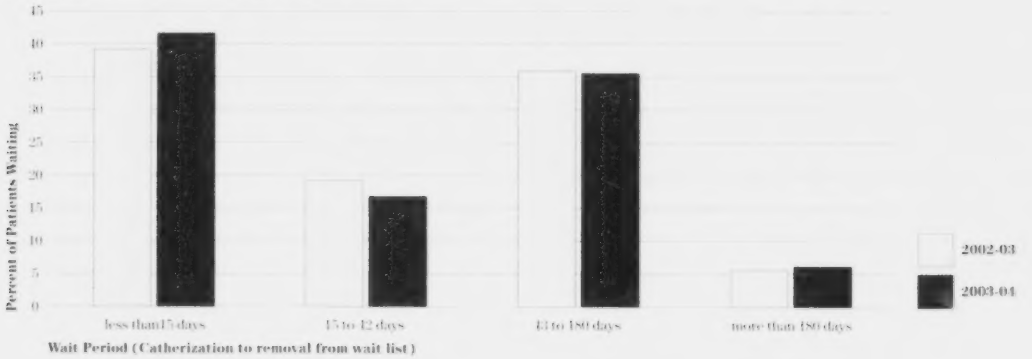
In 2003/04, the median wait time for cardiac bypass surgery was 25 days – a decrease of 1 day from 2002/03. Between 2002/03 and 2003/04, the median wait time for women held constant at 20 days, while the median wait time for men declined by 2 days from 29 to 27 days.

[10] www.healthyontario.com "Coronary Artery Bypass Surgery" *HealthyOntario.com*, Ministry of Health and Long-Term Care, Government of Ontario, August 2004.

[11] Ibid.

[12] Sykora K, Slaughter P, Young W, Garlin D, Naylor, CD. *Waiting Lists for Cardiac Surgery.* Cardiovascular Health and Services in Ontario, An ICES Atlas, Institute for Clinical Evaluative Sciences, 1988, p. 240.

Distribution of Wait Times for Coronary Artery Bypass Grafts (CABG) Surgery in Ontario - 2002-03 & 2003-04 (adults aged 20 and over)



Source: *Cardiac Care Network of Ontario*

According to the CCN, among Ontarians who required cardiac bypass surgery in 2003/04:

- a greater percentage (41.6%) received surgery within 15 days – an increase of 2.4% from 2002/03
- the percentage of patients waiting 15 to 42 days for surgery declined by 2.5% from 19.2% to16.7% (This decrease may reflect the larger portion of people receiving care in less than 15 days.)
- there was an insignificant decrease in the percentage of Ontarians waiting between 43 and 180 days for surgery (from 35.9% to 35.5%)
- the percentage of people waiting more than 180 days for cardiac bypass surgery increased slightly from 5.6% to 6.1%.

The decrease in median wait time and the increase in the number of patients receiving cardiac bypass surgery within 15 days are positive trends.

Factors Affecting Wait Times for Cardiac Surgery in Ontario

The factors contributing to wait times for cardiac bypass surgery include: increased demand for services, changes in medical practice, and competition with other emergency surgeries for limited hospital resources, such as operating room time and surgical nurses.

What is Ontario Doing to Manage Cardiac Bypass Wait Times?

Ontario is currently completing a six-year cardiac expansion strategy that has improved access to certain cardiac services. In addition, the Ontario government:

- made access to cardiac care a key priority and promised to provide 36,000 more cardiac procedures by 2007/08[16]
- is working to increase enrollment in medicine and nursing professions, and is providing more opportunities for internationally educated health professionals
- is working with the Ontario Medical Association and the Council of Ontario Faculties of Medicine to ensure that Ontario is training the right type of specialists to meet population health needs.

2.3.2 How Long do Ontarians Wait for Radiation Therapy for Breast and Prostate Cancer?

Overview

In 2004, the types of cancers most frequently diagnosed in Canada will continue to be breast cancer for women and prostate cancer for men. The Canadian Cancer Society estimates that, in 2004, there will be 21,400 new cases of breast cancer and 20,100 new cases of prostate cancer in Canada.[17] To contain the spread of the cancer and improve patients' well-being, people diagnosed with cancer need timely access to treatment.

Cancer Care Ontario (CCO), the Ontario government's principal advisor on adult cancer issues, collects, monitors and analyzes data on cancer care in the province. CCO monitors wait times for radiation therapy, measuring both the median wait time for radiation therapy and the proportion of adults who wait a given number of weeks for treatment. Because cancer patients typically need to complete surgery or chemotherapy before beginning radiation therapy, CCO measures wait time as the median number of weeks between the patient's first consultation with the radiation oncologist (i.e., when the patient is considered "ready to treat" with radiation therapy) and the date of the patient's first radiation treatment. CCO is reviewing this definition because it includes the time required for activities that must occur before the patient can actually be referred/scheduled for radiation therapy, including obtaining imaging studies and developing the radiation treatment plan.

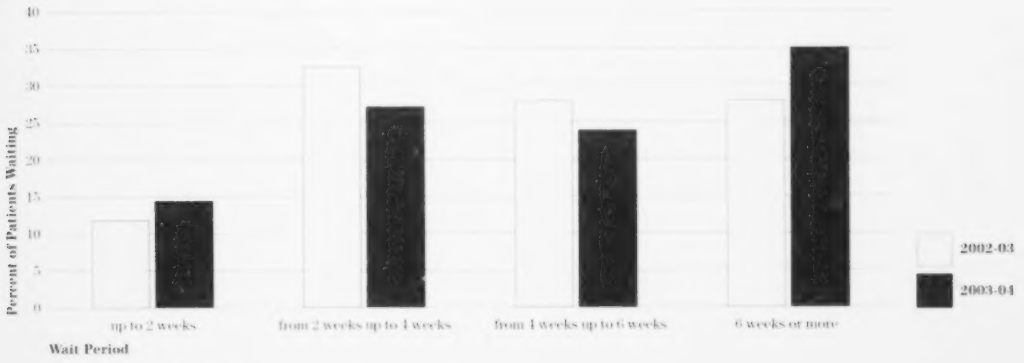
[16] Government of Ontario. Ontario Budget 2004.

[17] www.cancer.ca *Canadian Cancer Statistics*. Canadian Cancer Society, August 2004.

Trends in Wait Times for Radiation Therapy for Breast Cancer
In 2003/04:

- half of Ontario's breast cancer patients waited 4.6 weeks or less for radiation therapy for breast cancer: an increase of .5 weeks from 2002/03 (4.1 weeks)
- a larger proportion of breast cancer patients (14.3%) received radiation therapy in less than 2 weeks than in the previous year (11.8%)
- the proportion of breast cancer patients waiting from 2 weeks and up to 4 weeks and from 4 weeks and up to 6 weeks for radiation therapy decreased from 2002/03 (32.5% to 27% and 27.9% to 23.8% respectively)
- the proportion of patients waiting 6 weeks or more increased to 34.9%.

Distribution of Wait Times for Radiation Therapy for Breast Cancer in Ontario - 2002-03 & 2003-04 (adults aged 18 and over)

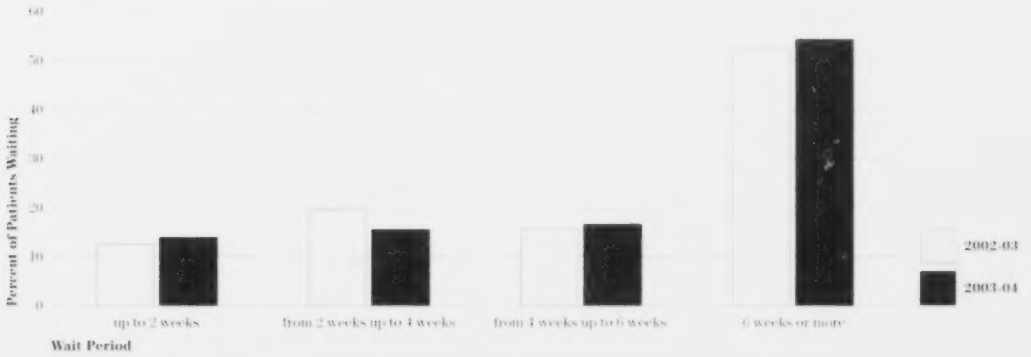


Source: *Cancer Care Ontario.*

Trends in Wait Times for Radiation Therapy for Prostate Cancer in Ontario
In 2003/04:

- half of Ontario's prostate cancer patients waited 6.6 weeks or less for radiation therapy – up from 6.3 weeks in 2002/03
- a larger proportion of patients received radiation therapy in less than 2 weeks (13.8%) than in the previous year
- the proportion of patients waiting from 2 weeks and up to 4 weeks fell to 15.4%
- the proportion of people who waited from 4 weeks and up to 6 weeks (16.5%) and 6 weeks or more (54.3%) increased.

Distribution of Wait Times for Radiation Therapy for Prostate Cancer in Ontario - 2002-03 & 2003-04 (adults aged 18 and over)



Source: *Cancer Care Ontario.*

Factors Affecting Wait Times for Radiation Therapy for Breast and Prostate Cancer

A variety of factors influence wait times for radiation therapy including: the number of new cases, treatment practices, and the availability of health human resources and medical equipment, including access to diagnostic imaging equipment (computerized axial tomography [CT], magnetic resonance imaging [MRI]) for disease staging and treatment planning.

In 2003/04, one of the major contributing factors to Ontario's longer wait times for radiation therapy was the outbreak of Severe Acute Respiratory Syndrome or SARS which limited access to many services delivered in hospitals between March and July 2003. Because of SARS, two Toronto sites that provide a large portion of radiation therapy for the province had to delay treatments.

What is Ontario Doing to Reduce Wait Times for Radiation Therapy?

The Ontario government has promised to reduce wait times for five key services, including selected cancer services.[18] To fulfill that commitment, the Ministry of Health and Long-Term Care:

- has developed a strategy designed to improve access to timely appropriate cancer care
- has planned to train more cancer physicists and radiation therapists
- is examining ways to make more effective use of the skills of radiation technologists and increasing their role on the care team
- continues to support the redevelopment, modernization and expansion of radiation therapy services across the province.

2.3.3 How Long do Ontarians Wait for Diagnostic Services?

Overview

People who have symptoms of an illness need quick access to diagnostic services. When used appropriately, the right diagnostic medical tests can help the health system detect and treat diseases early, and improve health and quality of life. When Ontarians have to wait too long for diagnostic tests, they become more anxious. There is also the real risk that their condition will become more severe and require more extensive and expensive treatment.

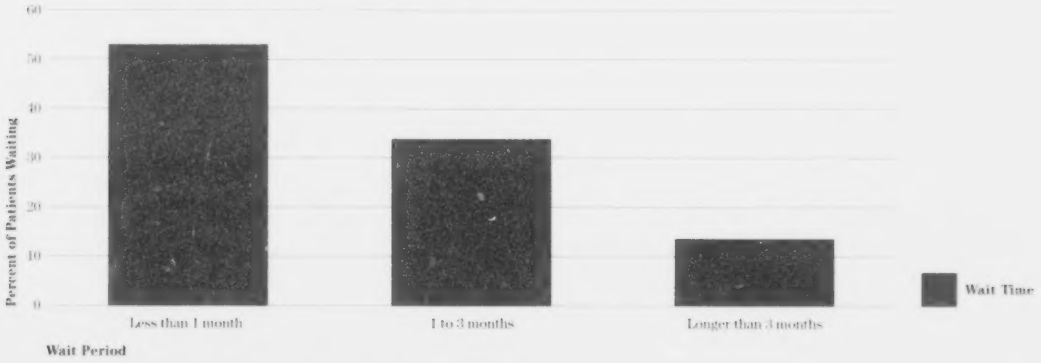
To determine how long Ontarians have to wait for diagnostic tests, patients age 15 and older were asked how many weeks they waited between the time they were referred for a diagnostic service and the time they received it. The wait times reported are only for non-emergency MRIs, CT scans, and angiographies.

Trends in Self-Reported Wait Times for Diagnostic Services

In 2002/03, Ontarians reported a median wait time of three weeks for a diagnostic test. More than half (52.9%) received their diagnostic service in less than one month, 33.7% waited 1 to 3 months, and 13.5% (see note in table) waited longer than 3 months for a non-emergency diagnostic test.

[18] Government of Ontario. Ontario Budget 2004.

Self-Reported Distribution of Wait Times for Diagnostic Services in Ontario - 2003



Source: *Statistics Canada, Health Services Access Survey, 2003.*
Note: Statistics Canada recommends that results for longer than three months be used with caution.

Factors Affecting Wait Times for Diagnostic Services

Many factors influence wait times for diagnostic services including: physician practices in ordering the tests, uptake of new technologies, patient expectations, and the availability of diagnostic equipment and the technologists or radiologists who operate the equipment and interpret test results.

Because this indicator is based on patient perceptions (i.e., self-reported data), the results may also be affected by people's beliefs about which tests they need and how long they should have to wait for them.

What is Ontario doing to Reduce Wait Times for Diagnostic Services?

Reducing wait times for key services is a priority for the Ontario government.[19] The Ministry of Health and Long-Term Care has launched several new initiatives designed to improve access to diagnostic services, including:

- creating a strategy designed to reduce wait times in five key clinical areas
- expanding MRI services through nine new MRI sites
- using the ministry's Diagnostic and Medical Equipment Fund to provide funds to hospitals to purchase medical treatment and diagnostic imaging equipment such as CT scanners, as well as mammography, ultrasound and x-ray machines
- working with hospitals to explore innovative ways to set priorities, schedule tests, and make effective use of scarce diagnostic resources
- working with providers to collect information that can be used to improve policies and planning.

[19] Government of Ontario. Ontario Budget 2004.

3. Are Ontarians Satisfied with the Care They Receive?

Ontario is committed to continuously improving the quality of healthcare its system provides. The quality of care can be described as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes ...".[20] Ontario collects and analyzes different types of information that, together, can be used to assess the effectiveness of care provided now, and identify the services that are working well and those that can be improved.

One way to measure quality is to look at how patients feel about the care they receive. In 2003, the Canadian Community Health Survey (CCHS), undertaken by Statistics Canada, asked a group of Ontarians over age 15 how satisfied they were with their healthcare. The findings reflect people's direct experience with the health system and tell us whether the services it provides is meeting their expectations as well as how services can be improved.

This report describes patient satisfaction with:

- overall healthcare services
- community care
- telephone health line services
- hospital care
- physician care.

3.1 How Satisfied are Ontarians with Their Overall Care?

Overview

Survey participants were asked to rate their level of satisfaction with **all** the healthcare services they received over a 12-month period.[21] This indicator provides a broad measure of an individual's interaction with all parts of the health system including: nursing services, physician services, community services, and institutional food and amenities.

Patient Satisfaction with Overall Care

According to the 2003 CCHS, 85.8% of all Ontarians indicated that they were very or somewhat satisfied with the way overall healthcare services were provided. This represents a slight increase (1.1%) in patient satisfaction from the 2001 CCHS.[22] More men (86.7%) than women (84.9%) reported being satisfied with the way overall health services were provided. When responses were examined by age group, people age 65 and over – the largest users of healthcare services – were the most satisfied.

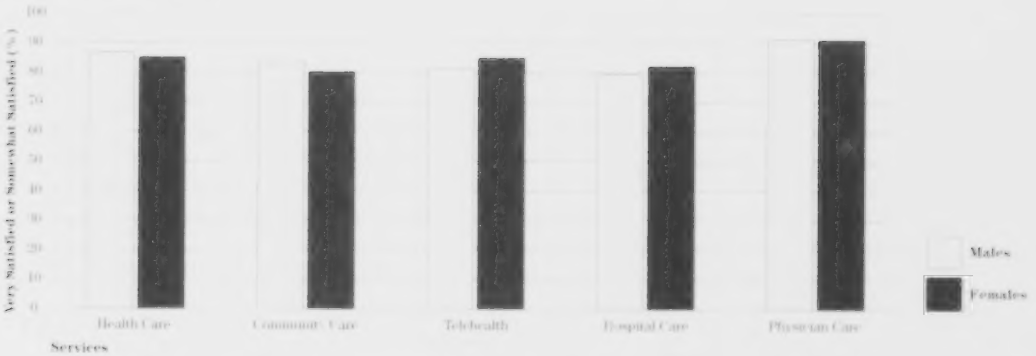
The following chart illustrates patient satisfaction by gender for all health services and for the other specific types of health services discussed in this chapter.

[20] Donaldson MS, Ed. *Measuring the Quality of Health Care*. In the National Roundtable on Health Care Quality, Institute of Medicine, National Academy Press, 1999, p. 2.

[21] Respondents were asked to rate their satisfaction on a five-point scale: very dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, very satisfied.

[22] Ministry of Health and Long-Term Care, *Ontario's Health System Performance Report*, Government of Ontario, 2002, p. 56.

Ontario Patient Satisfaction with Various Types of Health Services - 2003
Population 15 and older



Source: *Statistics Canada, Canadian Community Health Survey, 2003.*

3.2 How Satisfied are Ontarians with Community Care?

Overview

In the 2003 CCHS, community care is defined as any healthcare service received outside of a hospital or doctor's office. The goal of community care is to enhance quality of life and reduce unnecessary use of costly hospital services. In Ontario, most community care is provided through one of two programs: Community Care Access Centres (CCAC's) and Community Support Services.

This indicator reflects patient satisfaction with a broad range of services delivered in the community including: home nursing care, home-based counseling or therapy, personal care, and community walk-in clinics.

Patient Satisfaction with Community-Based Care

According to the survey, 81.2% of Ontarians who used the services were very or somewhat satisfied with the way community care was provided. This rating is only slightly lower than the one for overall healthcare. As with overall health services, men (83.3%) tend to be more satisfied than women (79.7%) with the way community care was provided. Ontarians aged 65 and over – the group most likely to use community care – were overwhelmingly satisfied (90.7%). These results indicate that the way community services are provided largely meets the needs of their core clients.

3.3 How Satisfied are Ontarians with Telephone Health Services?

Overview

In Ontario, telephone health line services are provided by two programs: Telehealth Ontario and Telephone Health Advisory Services (THAS). Together, these services help improve access to health information, increase consumer health education, and improve decision-making by consumers.

Patient Satisfaction with Telephone Health Line or Telehealth Services

According to the 2003 CCHS, 83.6% of Ontarians are very or somewhat satisfied with the way telephone health line services were provided. Women report being more satisfied (84.7%) than men (81.4%) with the way telephone health services were provided. This difference is likely due to the fact that women are the heaviest users of telephone health advice services, calling either for themselves or their family.

3.4 How Satisfied are Ontarians with Hospital Care?

Overview

For purposes of this indicator, "hospital care" includes the full range of hospital services, and reflects a person's level of satisfaction, based on their last visit, with everything from care provided by healthcare professionals in the hospital to meals, room services, procedures and tests.

Trends in Patient Satisfaction with Hospital Care

According to the survey, 80.8% of Ontarians reported being very or somewhat satisfied with the way hospital services were provided. Women were slightly more satisfied with the way hospital services were provided (81.9%) than men (79.5%). Although patients are less satisfied with hospital care than other health services, their satisfaction levels still remain high and appear to be increasing between 2001 and 2003.[37]

3.5 How Satisfied are Ontarians with Physician Care?

Overview

This indicator measures patient satisfaction with the services they received from a physician during their most recent visit (i.e., family doctor or medical specialist) outside a hospital.

Patient Satisfaction with Physician Care

According to the 2003 CCHS, 91.1% of Ontarians reported being very or somewhat satisfied with the way physician services were provided, and there was little difference between men and women. Once again, patients aged 65 and over reported the highest level of satisfaction with the way physician care was provided (96.8%). These ratings, which were higher than for all other health services, suggest that Ontarians are overwhelmingly satisfied with the services they receive from their physicians.

[37] Ministry of Health and Long-Term Care. *Ontario's Health System Performance Report*. Government of Ontario, 2002. p. 57.

Factors Affecting Patient Satisfaction

While the CCHS provides a measure of patient satisfaction, it does not ask the people it surveys why they are satisfied or dissatisfied with their healthcare services. Other research indicates that people's responses to questions about satisfaction with care generally reflect how well services meet their expectations.[1] When healthcare services fail to meet their expectations, patients are dissatisfied and perceive the quality of care they received to be poor.

A number of factors can affect both a patient's level of satisfaction with services and how they experience the care that they receive. For example:

- individual patient characteristics, such as age, cultural background, gender and level of education, affect people's satisfaction with services.[2] (For example, for most of the indicators reported above, people 65 years and older tended to be the most satisfied, while people between 20 and 44 were generally less satisfied with their health services. This discrepancy could be related to differences in expectations among generations.)
- the experiences people have – including the type of service they receive, how quickly they receive care, how competent the providers are, how clean the physical environment is, and how good the food is[3] – shape their view of the quality of care the health system provides.

While the health system can do little to alter the personal characteristics, such as age and culture, that affect people's expectations, it can examine and change factors that affect the experience people have when they receive care – such as how services are delivered and waiting times.

[1] Spence Laschinger HK, Almost J. *Patient Satisfaction as a Nurse Sensitive Outcome*. In Nursing Sensitive Outcomes: State of the Science, 2003. p. 244.
[2] Ibid, p. 247.
[3] Ibid, p. 249.

What is the Health System Doing to Measure and Improve Quality?

Ontario is involved in a number of initiatives designed to improve quality of care and increase patient satisfaction. For example:

- **Ontario Health Quality Council** (OHQC), currently under development, will be responsible for preparing a yearly report on the state of Ontario's health system, which will assist the government in assessing health system performance. One of the OHQC's main roles is to track the health system's progress in achieving health goals and commitments, which will help the government ensure that its system reforms are having the desired impact.
- **Hospital Reports** are a series of regular public reports that measure and report on hospital performance. This arms-length initiative, which is co-sponsored by the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Hospital Association (OHA), helps make hospitals more accountable to the public and gives hospital managers an effective quality improvement tool.
- **Multi-year Funding/Hospital Accountability Agreements**, which are designed to support long-range planning and promote quality in the hospital sector, will be based on accountability agreements that set out the services hospitals are expected to provide and the performance targets they are expected to achieve.
- **Nursing and Health Outcomes Project** is developing evidence-based data on the elements of nursing care that affect health outcomes. By identifying and collecting information on these outcomes, organizations will develop a better understanding of how best to organize and deliver nursing services to improve quality of care.
- **Community Care Access Centres** (CCACs) are required to report on performance measures, including client satisfaction with their services.
- **21 Health Professionals Regulatory Colleges** that govern Ontario's regulated health professions are responsible for ensuring their members provide health services in a professional, competent and ethical manner. The colleges establish requirements for entry to practice and continuing competence requirements, set standards of practice, investigate complaints, and, where appropriate, discipline their members.

4. Is Ontario Making Progress in Preventing Life-Threatening Conditions?

One of the best ways for the health system to achieve the vision of "*Healthier Ontarians in a Healthier Ontario*" is to prevent illness and keep people healthy at every age and stage of life.

Unfortunately, too many Ontarians develop conditions and illnesses that harm their health, such as low birth weight, cardiovascular (i.e., heart) disease, stroke, diabetes, obesity, and influenza. These conditions are some of the leading causes of illness and death in Ontario – despite the fact that most can be reduced, delayed or prevented through lifestyle changes (e.g., physical activity, a healthy diet, not smoking), early detection and treatment, and immunization. Many of these conditions are also extremely costly to treat. In Ontario, the estimated burden of illness, including death and disability, from cardiovascular, respiratory and musculoskeletal diseases, cancer, injuries, nervous system disorders, mental disorders, and endocrine related disorders like diabetes amount to 55% of total healthcare costs.[27]

Is Ontario making progress in preventing these conditions? The next two sections of this report describe:

- some key trends in six conditions, which may be preventable
- what the health system is doing to control these diseases and help Ontarians stay healthy throughout their lives
- the steps that individuals can take to protect and improve their health.

4.1 Low Birth Weight

Overview

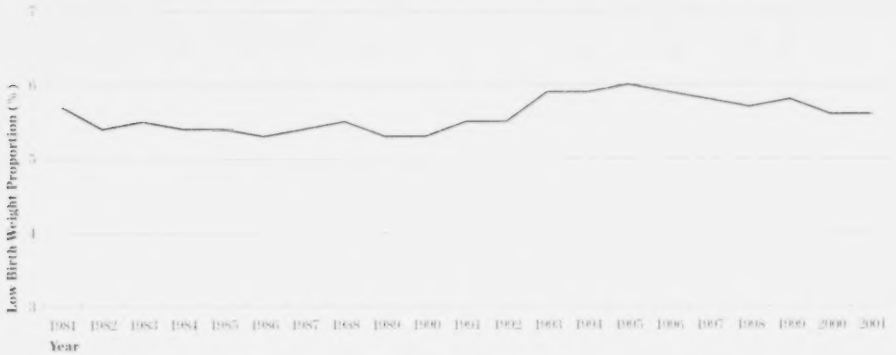
The first few years of life are critical to long-term health and well-being.[28] Children who have a healthy start are more likely to grow into healthy adults. One of the key indicators of newborn babies' general health is their birth weight. Babies born at a good weight tend to be healthy. Babies with low birth weight (i.e., between 500 and 2,500 grams) are more likely to die during the first year of life, and are at greater risk of learning disabilities, developmental disabilities, and/or visual and respiratory problems.

Trends in Low Birth Weight

In 2001, 5.6% of all babies born in Ontario had low birth weight. As the chart below indicates, the rate of low birth weight has fluctuated over the past 20 years from 5.3% in 1986 to 6% in 1995.

[27] Public Health Agency of Canada, *Economic Burden of Illness, On-Line*, Region by Cost Component, 2002.
[28] Canadian Institute for Health Information, *Improving the Health of Canadians*, 2004, p. 52.

Ontario Proportion of Low Birth Weight Births (500-2,500 g) Over Time - 1981 to 2001



Source: *Statistics Canada, Vital Statistics, Birth Database.*

Factors Affecting Birth Weight

A baby's birth weight is affected by many different factors, including:[23]

- the mother's overall health before and during pregnancy, and any medical conditions she has before or develops during pregnancy
- the mother's weight before and during pregnancy
- tobacco use (women who smoke are at increased risk of having a low birth weight infant) and exposure to second-hand smoke
- the mother's economic and social circumstances
- pre-term birth (which is more common in multiple births and babies conceived with the help of fertility treatments)
- access to prenatal care.

Prenatal care can provide support and education for women during their pregnancy, as well as the opportunity to counsel and screen women for conditions that can contribute to low birth weight, and intervene in order to reduce low birth weight and increase survival rates.

[23] Ministry of Health and Long-Term Care. *Ontario's Health System Performance Report*. Government of Ontario, 2002. p. 17.

What is the Health System Doing to Promote Prenatal Health and Reduce Low Birth Weight?
Ontario has developed a number of initiatives to promote healthy pregnancies by improving women's prenatal health and nutrition:

- The goal of the Reproductive Health Program offered by public health units is to reduce the rate of low birth weight babies born in Ontario to 4% by the year 2010. To meet this goal, the program promotes healthy pregnancies by providing education about personal health practices in schools, workplaces, and local agencies.
- Ontario's Early Years Plan includes several programs designed to support healthy pregnancies and births, including Healthy Babies, Healthy Children, family programming within Community Health Centres, education and parenting support provided by the Ontario Early Years Centres, and addiction treatment programs for pregnant women.
- The Aboriginal FAS-FAE (Fetal Alcohol Syndrome – Fetal Alcohol Effects) and Aboriginal Child Nutrition programs provide prenatal services for Aboriginal women.

What Can Ontarians Do to Reduce Low Birth Weight?
Women can take a number of steps to improve their health during pregnancy and reduce the risk of having a low birth weight baby, including:[30]

- **stop smoking**. Women who smoke tend to have low birth weight infants.
- **avoid alcohol**. Drinking during pregnancy can harm the fetus.
- **avoid drugs**. Women who are taking prescription drugs, over-the-counter products and natural/herbal remedies should check with their doctor to make sure none of these drugs will have negative side effects on their pregnancy/fetus.
- **exercise regularly**. Regular exercise strengthens muscles, increases energy, and creates a sense of well being.
- **eat a healthy well balanced diet**. A healthy diet helps ensure the mother has the nutrients, such as folic acid, calcium and iron, to support a healthy, growing baby.
- **visit a physician regularly**. Regular prenatal checkups help ensure the baby and the pregnancy are progressing well.

[30] www.healthyontario.com. *Women's Health Matters: A Healthy Start – Preparing for Pregnancy*. August 2004.

4.2 Cardiovascular Disease

Overview

Cardiovascular disease remains the number one cause of death, and a major cause of disability and loss of quality of life in Ontario. Cardiovascular disease, which includes a number of conditions that affect the heart and circulatory system, also represents a significant economic cost for the health system. It accounts for 20% of all acute care hospital costs, 15% of home care costs, 10% of medical service costs, 17% of drug expenditures and costs Ontario about $5.5 billion each year.[1]

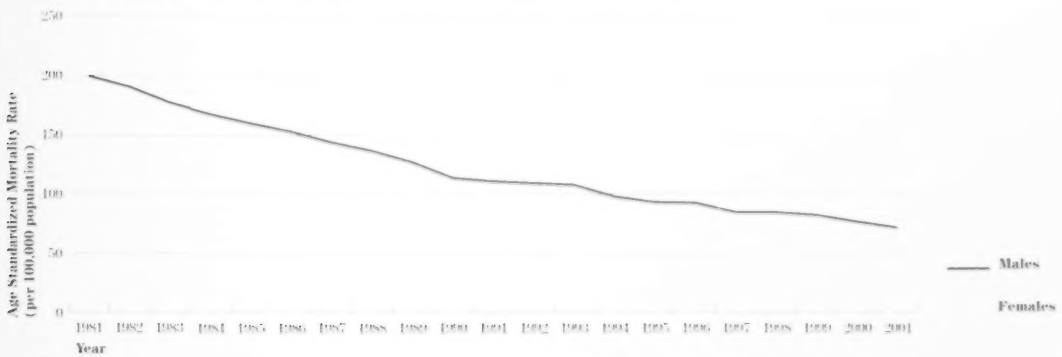
Trends in Deaths from Heart Attacks in Ontario

Is Ontario's investment helping to prevent cardiovascular disease or reduce deaths due to heart disease?

One way to assess progress is to look at deaths related to cardiovascular disease. A large number of cardiovascular disease-related deaths are due to Acute Myocardial Infarction (AMI)[2] or heart attack, a condition caused by a blockage in blood flow to the heart muscle.

As the chart below indicates, mortality rates from AMI or heart attacks have declined consistently and markedly over the last 20 years. Between 1981 and 2001, the mortality rate for AMI in men in Ontario dropped from 199.8 to 71.4 deaths per 100,000. For women, the rate declined from 88.1 to 35.9 deaths per 100,000. (In 2001, the rate for the overall population was 51.3 deaths per 100,000 people.) These steady decreases are likely the result of a combination of: health promotion initiatives designed to reduce high risk behaviours; timely access to advanced cardiac services; and improved quality of care. The substantial difference in death rates between men and women is likely due to the protective benefits against ischemic heart disease provided by normal estrogen levels in pre-menopausal women. Cardiovascular death rates in post-menopausal women generally approach those of men.[3]

Acute Myocardial Infarction Mortality Rate in Ontario over Time - 1981 to 2001



Source: *Statistics Canada, Vital Statistics, Death Database and Demography Division, 1991 Canadian Census of Population.*

[1] Naylor D & Slaughter P. *Cardiovascular Health and Services in Ontario: An ICES Atlas*. Institute for Clinical Evaluative Sciences, 1999, pp 10, 12.
[2] Ibid, p. 7.
[3] Ibid, pp. 12-13.

Factors Affecting the Risk of Cardiovascular Disease

Cardiovascular disease is associated with a number of factors that are beyond the control of the individual, such as age, sex and family history.[14] Cardiovascular disease is also associated with some factors that can be controlled or changed, such as: a rich diet high in fat, salt and processed or refined sugars; lack of physical activity; smoking, obesity, and stress.[15] Effective health promotion initiatives and lifestyle changes that target these factors or behaviours have the potential to prevent or delay deaths from heart disease.

What is the Health System Doing to Prevent Cardiovascular Disease?

In 1998, Ontario initiated a comprehensive five-year Ontario Heart Health Program (OHHP), designed to prevent cardiovascular disease and improve the health of those who already have it. The program raises public awareness of the lifestyle factors associated with cardiovascular disease and helps them make positive changes to protect their health.

In November 2002, the OHHP was extended for a second phase. OHHP Phase II: Taking Action for Healthy Living helps communities implement programs that promote physical activity, healthy eating, smoking cessation, and a smoke-free environment. With the aging of the population and expected increase in heart disease, health promotion initiatives that target controllable risk factors will be even more critical in the future.

What Can Ontarians do to Reduce their Risk of Cardiovascular Disease?

Individuals can take a number of steps to reduce their risk of cardiovascular disease, including:[16]

- **stop smoking**. Quitting smoking reduces the risk of developing cardiovascular disease quickly and significantly.
- **eat a healthy diet**. A heart-healthy diet is low in salt and fat, and high in fiber, fresh fruits, legumes (beans), nuts and seeds. It's also important to minimize foods that contain saturated fat, partially hydrogenated vegetable oils, fried foods and refined carbohydrates. (According to Health Canada, fat should account for only 20 to 35% of total energy intake for adults, 25 to 35% for children 4 to 18 years old, and 30 to 40% for children 1 to 3 years old.[17])
- **be physically active**. Getting regular exercise lowers the heart rate, improves cholesterol levels, helps control blood pressure and reduces the chance of having a heart attack. People who have not been active or who have other medical conditions should consult a doctor before starting an exercise program.
- **manage weight**. Maintaining a healthy weight can reduce the risk of cardiovascular disease.
- **manage stress**. Managing stress helps control blood pressure and reduces hormone levels that may increase the risk of having a heart attack.
- **monitor cholesterol levels**. Men between the ages of 40 and 70 and women between the ages of 50 and 70 who do not have heart disease or a history of high cholesterol should have their cholesterol levels monitored every five years.

[14] Heart and Stroke Foundation of Canada. *The Changing Face of Heart Disease and Stroke in Canada*, 2000. p. 24.

[15] Naylor D & Slaughter P. *Cardiovascular Health and Services in Ontario: An ICES Atlas*. Institute for Clinical Evaluative Sciences, 1999. pp 64-66.

[16] www.healthyontario.com. *Coronary Artery Disease*, August 2004. pp. 2-3.

[17] Health Canada, Office of Nutrition Policy and Promotion. Nutrition Recommendations for Canadians Draft Recommendation on Dietary Fat, May 2004.

4.3 Stroke

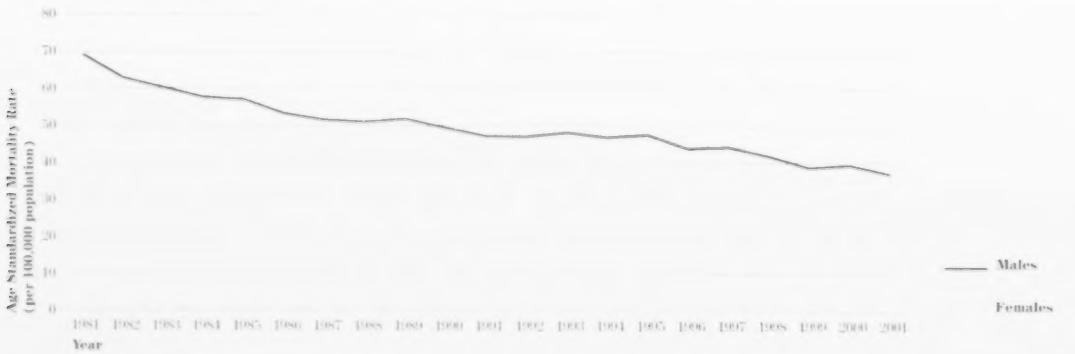
Overview

A stroke is a sudden loss of brain function caused by an interruption in the flow of blood to the brain (i.e., an ischemic stroke) or by the rupture of blood vessels in the brain (i.e., hemorrhagic stroke). Stroke is a leading cause of death and neurological disability in Ontario.[8] In 2000, at least 90,000 Ontarians were living with the effects of stroke which, depending on how much and which parts of the brain are damaged, can include: paralysis on one side of the body or other motor deficits; loss of ability to speak, write, read or communicate; sensory or perceptual deficits; emotional disorders; dizziness or slurred speech.[9] The economic cost of stroke in Ontario is estimated to be $857 million a year.[10]

Trends in Stroke-Related Deaths in Ontario

Is Ontario making progress in reducing death and disability related to stroke? Over the past 20 years, Ontario has seen a significant decrease in deaths from stroke. In women, stroke mortality has dropped from 54.3 deaths per 100,000 in 1981 to 31.9 in 2001. Over the same time period, mortality rates for men decreased from 69 to 36.9 deaths per 100,000. (In 2001, the overall stroke mortality rate in Ontario was 34.0 per 100,000 people.) A lower stroke-related death rate may be due to the effectiveness of health promotion efforts to control hypertension as well as improvements in emergency and critical care.

Stroke Mortality Rate in Ontario Over Time - 1981 to 2001



Source: Statistics Canada, Vital Statistics, Death Database and Demography Division, 1991 Canadian Census of Population.

Over the next 10 to 15 years Ontario's population is expected to age significantly, and the number of individuals suffering strokes will increase.[11]

[8] Ministry of Health and Long-Term Care. *Towards an Integrated Stroke Strategy for Ontario.* Report of the Joint Stroke Strategy Working Group, 2000. p. 9.

[9] Ibid, p. 2.

[10] Ibid, p. 9.

[11] Heart and Stroke Foundation of Canada. *The Changing Face of Heart Disease and Stroke in Canada*, 2000. p. 24.

Factors Affecting the Risk of Stroke
Stroke is a highly preventable disease. Lifestyle changes, such as not smoking, being more physically active, and eating healthy foods can significantly reduce the number of Ontarians at risk of stroke. In fact, preventive treatments, such as medications that lower blood pressure or "thin" blood and surgery, could cut the number of strokes in people at high risk in half.[12]

What is the Health System Doing to Prevent Strokes?
Ontario funds a number of initiatives aimed at reducing the prevalence of stroke and improving after-stroke care in Ontario, including:

- **Ontario Stroke Strategy**, launched in 2000, to improve stroke services across the entire continuum of care, from prevention programs to community-based care and long-term care. As of 2004, it consists of nine regional stroke centres, two enhanced district stroke centres, 18 district stroke centres, and 19 secondary prevention clinics.
- **Chronic Disease Prevention Program**, a mandatory program offered through Ontario's 37 boards of health. The program uses strategies such as community-wide education campaigns, community coalitions and telephone advice lines to reduce the risk factors for stroke, including hypertension and smoking.

What Can Ontarians do to Reduce their Risk of Stroke?
There are certain steps that people can take to help reduce the risk of stroke, including:[13]

- **stop smoking**. Smoking increases the incidence of stroke.
- **be physically active**. Physical inactivity is a major risk factor for stroke. Engaging in 60 minutes of light physical activity every day or 30 minutes of moderate physical activity each day can substantially reduce the risk of stroke.

4.4 Diabetes

Overview
People who have diabetes either do not produce insulin or do not process insulin properly. Insulin is required to move glucose, a simple sugar derived from food, from the blood into the body's cells where it provides energy. When people lack insulin or when their cells do not respond properly to insulin, glucose or sugar levels in the blood are too high and cells do not have the energy they need, which leads to the symptoms of diabetes.[11]

There are two main types of diabetes:

- type 1 diabetes, traditionally called *juvenile diabetes*, usually occurs in people under 30. People with type 1 diabetes require insulin injections to balance the glucose levels in their blood.
- type 2 diabetes, traditionally called *adult-onset diabetes*, usually occurs in people over 40. People with type 2 diabetes usually have a family history of this condition and are often overweight.

More than 90% of all people with diabetes have type 2; fewer than 10% have type 1.

[12] Ministry of Health and Long-Term Care. *Towards an Integrated Stroke Strategy for Ontario*. Report of the Joint Stroke Strategy Working Group, 2000. p. 2.
[13] Heart and Stroke Foundation of Canada. *The Changing Face of Heart Disease and Stroke in Canada*, 2000. pp 25-28.
[11] www.healthyontario.com. *Diabetes: The Facts*, August 2004.

Both forms of diabetes are chronic conditions that may lead to more severe health problems such as heart disease, blindness and kidney disease. Older adults with diabetes are twice as likely to develop high blood pressure as people who do not have diabetes. People with diabetes are also 11 times more likely to undergo foot and other lower extremity amputations because of circulatory problems. Diabetes places an enormous burden both on individuals who suffer from it and on the health system that works to treat and manage this condition.[15]

Prevalence of Diabetes in Ontario

Between 1997 and 2000, the overall prevalence of diabetes in Ontarians age 20 and older increased from 4.5% to 5.4%. In males, the incidence of diabetes rose from 4.7% to 5.7%; in women, it increased from 4.3% to 5.2%. Diabetes is more common in males than females; the reasons for this are being studied.

Ontario Prevalence of Diabetes - 1997/1998 to 1999/2000 Population Aged 20 and Older

Source: *Health Canada (2003), Responding to the Challenge of Diabetes in Canada, First Report of the National Diabetes Surveillance System (NDSS), Ottawa.*

Factors Affecting the Risk of Diabetes

While genetic factors play a significant role in the development of type 1 diabetes and, to a lesser extent, type 2 diabetes, a number of modifiable lifestyle behaviours can increase people's risk of developing type 2 diabetes, including: obesity, lack of physical activity, and poor diet.[16] Much of the recent increase in the incidence of diabetes can be attributed to the aging population, growing rates of obesity, more people eating a typical "western" diet, and more people leading sedentary lives.[17]

[15] www.healthyontario.com. *Diabetes: The Facts*, August 2004

[16] Manuel DG & Schultz SE. *Diabetes Health Status and Risk Factors*. In Diabetes in Ontario: An ICES Practice Atlas. Institute for Clinical Evaluative Sciences, 2003. p. 87.

[17] Hux JE, Booth GL, Slaughter PM, Laupacis A. *Diabetes in Ontario: An ICES Practice Atlas*, 2003. p. xix.

What is the Health System Doing to Prevent Diabetes?

Health promotion and disease prevention initiatives have the potential to reduce the prevalence of type 2 diabetes. Diabetes is a strategic priority for the Ontario Ministry of Health and Long-Term Care, which has made significant financial commitments to the prevention, detection and early treatment of this disease. Ontario's diabetes prevention and treatment initiatives include:

- **Northern Diabetes Health Network** (NDHN), established in 1992 to improve access to local diabetes programs throughout Northern Ontario. The NDHN ensures that an accessible, evidence based, standardized model of care is in place across northern Ontario.
- **Southern Ontario Aboriginal Diabetes Initiative** (SOADI), established in 1994. The program was created to develop and implement diabetes-related programs and services for Aboriginal people in southern Ontario.
- **Diabetes Complications Prevention Strategy** (DCPS), established in 1996 to reduce and prevent diabetes-related complications.
- **Network of Ontario Pediatric Diabetes Programs**, administered by the NDHN. The network consists of 34 specialized diabetes programs that ensure children and youth affected by diabetes have access to services.

In addition, Ontario has established the Primary Prevention Framework, based on the provincial Diabetes Primary Prevention Framework and associated Action Plan, which outlines ways to encourage people to become more physically active, adopt healthier eating habits, and create environments to support these activities. This initiative is focusing on school-based programs that promote active, healthy school communities. Local boards of health also receive funding from both the Province of Ontario and local municipalities to support lifestyle health promotion activities, including healthy eating, physical activity and smoking prevention.

What Can Ontarians Do to Reduce their Risk of Diabetes?

There are several steps that individuals can take to reduce their risk of developing diabetes, including:[9]

- **being physically active**. Physical inactivity is a major risk factor for type 2 diabetes. Reducing physical inactivity may reduce the risk of developing type 2 diabetes.
- **managing weight**. Obesity can substantially increase the risk of developing diabetes. In fact, obesity is the most important modifiable risk factor associated with diabetes. People who are overweight should speak with a doctor or health professional about safe and effective ways of reducing their weight.

[9] Manuel DG & Schultz SE. *Diabetes Health Status and Risk Factors*. In Diabetes in Ontario: An ICES Practice Atlas. Institute for Clinical Evaluative Sciences, 2003. pp 86-88.

4.5 Obesity

Overview

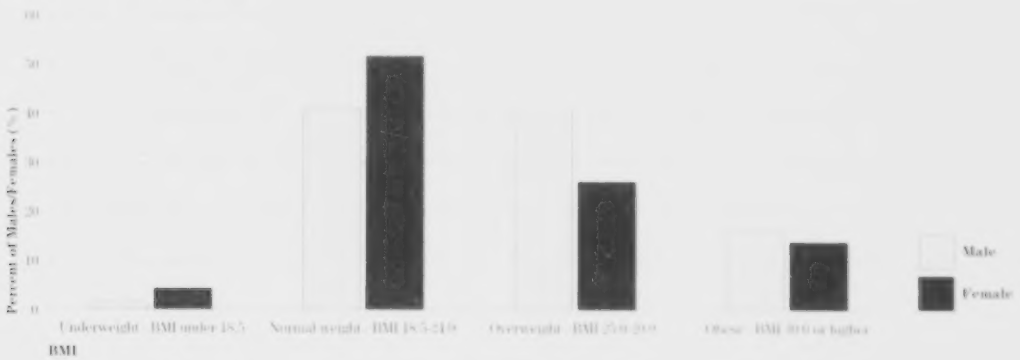
Obesity is a major risk factor for a number of serious chronic illnesses, including heart disease, stroke, diabetes and some forms of cancer. Body Mass Index (BMI) is the most common method for determining whether an adult's weight is healthy. (Note: BMI is not a suitable indicator of overweight or obesity in people under age 18 or pregnant women.)

To calculate BMI, divide a person's weight in kilograms by their height in meters squared. A BMI between 18.5 and 24.9 is considered to be acceptable. Individuals with a BMI of 25 or higher are considered overweight; those with a BMI of 30 or higher are considered obese.[9]

Obesity in Ontario

In Ontario, in 2003, 2.7% of Ontarians surveyed had a BMI under 18.5 (i.e., were underweight), 46.5% had a BMI between 18.5 and 24.9 (i.e., normal weight), 33.3% had a BMI between 25 and 29.9 (i.e., overweight), and 14.8% had a BMI of 30 or higher (i.e., obese). In that same year, a greater percentage of men than women were overweight or obese. In 2003, approximately 56.9% of Ontario males and 39.7% of Ontario females had a BMI of 25 or higher and were at increased risk of disease or disability because of their weight. Approximately 16% of Ontario males and 13.7% of Ontario females were obese (i.e., had a BMI of 30 or higher), which puts them at greater risk of developing serious chronic diseases.

Body Mass Index (BMI) for Males and Females 18 years and older in Ontario - 2003 (excluding pregnant women)



Source: *Statistics Canada, Canadian Community Health Survey 2003.*

A person's weight is often the result of a combination of personal characteristics, living environment and lifestyle. Factors that contribute to a person's weight include: personal characteristics, such as genetics, race, gender and age; lifestyle choices, such as eating habits, alcohol consumption, physical activity, stress and time spent watching television or using computers; and environmental conditions, such as the ready availability of high fat/high calorie foods, increasingly sedentary workplaces; and communities that do not provide opportunities for physical activity. There are many steps that people can take that can help them manage their weight.[10]

[9] Health Canada. Canadian Guidelines for Body Weight Classification in Adults, 2003, p. 3.

[10] Canadian Institute for Health Information, Canadian Population Health Initiative. *Improving the Health of Canadians*, Chapter 5 Obesity, 2004, p. 107.

What is the Health System Doing to Prevent Overweight and Obesity

The Ontario government is concerned about rising obesity rates and has introduced a number of healthy-living programs that promote good nutrition and regular physical activity. For example:

- **Mandatory Health Programs and Services Guidelines**, all Ontario boards of health are required to have programs that address healthy weights, healthy eating, nutrition and physical activity.
- **Nutrition Resource Centre** helps strengthen the capacity of community nutrition practitioners across Ontario to deliver quality nutrition programming. It also manages: three provincial nutrition programs – Food Steps, Eat Smart, and Community Food Advisor Program – and healthy eating initiatives for seniors.
- **Physical Activity Resource Centre** supports physical activity promoters in Ontario Public Health Units in their efforts to implement quality physical activity programs. The Physical Activity Resource Center and the Nutrition Resource Centre are part of the Ontario Health Promotion Resource System (OHPRS).
- chronic disease programs and strategies such as the Ontario Heart Health Program, the Stroke Strategy, Ontario's diabetes prevention and treatment initiatives and the Asthma Strategy also promote healthy weights.

What Can Ontarians Do to Manage their Weight and Reduce the Risk of Obesity?

People who are overweight need an appropriate weight management program, which involves the following steps:[1]

- **set realistic, achieveable goals**.
- **eat a healthy, balanced diet**. Fad and crash diets don't work and can be dangerous. The body needs a minimum amount of energy from food to function normally. Losing weight successfully and maintaining a healthy weight require lifelong changes in eating habits. People who are overweight should contact a doctor or dietitian for advice on developing a healthy diet.
- **be physically active**. Regular physical activity is an important part of weight management. Regular physical activity does not necessarily mean joining a gym. It can be as simple as climbing stairs instead of taking the elevator, walking or cycling to work, or going for a walk at lunchtime. The key factors are to incorporate exercise throughout the day and work toward a higher activity level.

[1] www.healthyontario.com, *Obesity: The Facts*, August 2004.

4.6 Influenza

Overview

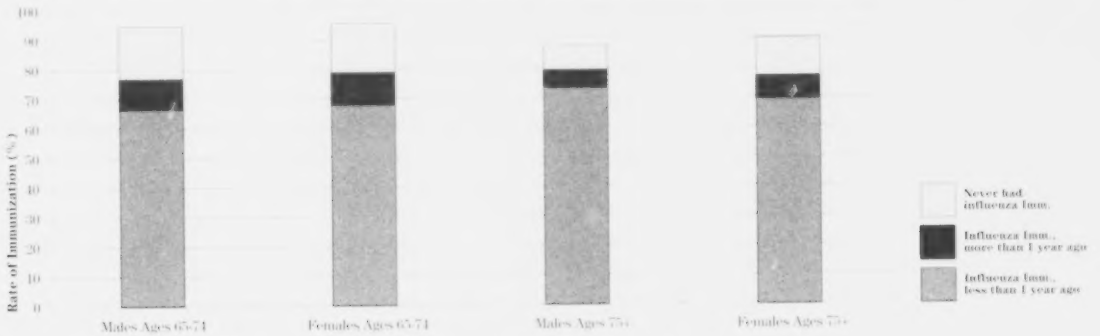
Most of the diseases discussed in this report are preventable chronic conditions, but there are also a number of communicable diseases that can be prevented, such as influenza. Influenza is a serious health problem, particularly for the elderly. Each year, a significant number of older people are hospitalized with influenza,[32] and die from complications, such as pneumonia.

Vaccination can prevent infection or reduce the severity of symptoms. Higher rates of influenza immunization in those 65 and older may lead to improved health for the elderly in Ontario, reducing the severity of the disease and complications by 60%, and reducing deaths from influenza by 70 to 80%.[33]

Influenza Immunization Rates in Non-Institutionalized Adults Age 65 and Older in Ontario

Rates of influenza immunization in people age 65 and older in Ontario are quite high. In 2003, 66.6% of men between the ages of 65 and 74 and 73.2% of men 75 and over received a flu shot less than 1 year ago. In the same year, 67.8% of women between 65 and 74 years old and 69.2% of women 75 years and over received a flu shot less than 1 year ago. Overall, in 2003, 68.7% of people age 65 and older received a flu shot less than one year ago.

Ontario Rate of Influenza Immunization for Males and Females Aged 65-74 and 75+ in 2003



Source: *Statistics Canada, Canadian Community Health Survey, 2003.*

[32] Nichol KL et al. *Influenza Vaccination and Reduction in Hospitalizations for Cardiac Disease and Stroke among the Elderly.* The New England Journal of Medicine, 2003. v.348, p. 1323.

[33] World Health Organization. Influenza. Fact sheet N°211. Revised March 2003. http://www.who.int/mediacentre/factsheets/fs211/en/.

Factors Affecting Immunization Rates

The major factor contributing to Ontario's high rate of immunization is the Universal Influenza Immunization Program, which offers free influenza vaccine to all Ontarians. Rates have also increased as a result of public health efforts to promote immunization and increase awareness of the program and its benefits.

What is the Health System Doing to Prevent Influenza?

The Ontario Ministry of Health and Long-Term Care remains committed to the Universal Influenza Immunization Program. Based on increased demand for flu shots during the 2003/04 season, the Ministry of Health and Long-Term Care has ordered 5.5 million doses of vaccine for the 2004/05 season, and can acquire between 300,000 and 500,000 additional doses if required. In addition, a targeted media campaign is planned to increase coverage rates among the elderly and those who can transmit this highly contagious virus to them, such as healthcare workers.

What Can Ontarians Do to Reduce their Risk and Prevent the Spread of Influenza?

In addition to promoting immunization, Ontario has developed a major education campaign to make the public aware of the steps they can take to prevent the spread of influenza. During flu season, people are being advised to:[1]

- be immunized
- wash their hands frequently
- cover their mouth when coughing
- stay home when they are ill to avoid exposing others to the virus.

[1] Ministry of Health and Long-Term Care. *Preventing Respiratory Illnesses In Community Settings: Guidelines for Infection Control and Surveillance for Febrile Respiratory Illness (FRI) in Community Settings in Non-Outbreak Conditions*, March 2004.

5. Are Ontarians Taking More Responsibility for Their Own Health?

The health system can do a great deal to help reduce chronic and communicable diseases and achieve the vision of "*healthier Ontarians in a healthier Ontario*", but Ontarians themselves also play a key role and are partners in their own health and healthcare. By taking responsibility for their health and making healthy choices, they can prevent, delay or avoid many chronic and communicable diseases.

Most people are aware that not smoking, being physically active and eating a healthy diet can help them avoid serious illnesses. But are people acting on that information? This section looks at two key lifestyle choices that affect health:

- physical activity
- smoking.

5.1 Physical Activity

Overview

People who are physically active enjoy a number of health benefits, including:

- better health and improved fitness
- stronger muscles and bones
- better posture and balance
- greater ability to continue to live independently in later life
- better self-esteem
- weight control
- feeling more energetic
- feeling more relaxed and experiencing less stress.[55]

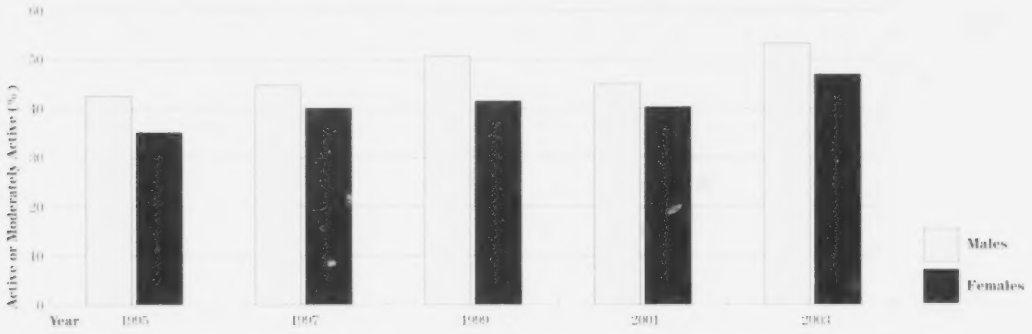
On the other hand, lack of physical activity increases the risk of a number of diseases. In Canada, insufficient physical activity is estimated to account for about: 36% of coronary artery disease; 27% of osteoporosis; 20% of strokes, hypertension and type 2 diabetes; and 11% of breast cancer.[56] It also creates costs for the health system. Researchers estimate that a 10% increase in the proportion of Canadians who are physically active would save approximately $150 million each year in healthcare costs.[57]

[55] Health Canada. *Canada's Physical Activity Guide to Healthy Active Living*. 1998.
[56] Katzmarzyk PT, Gledhill N, Shephard RJ. *The Economic Burden of Physical Inactivity on Canada*. The Canadian Medical Association Journal. 2000. p. 1437.
[57] Ibid. p. 1435.

Physical Activity in Ontario

Over the past nine years, both men and women in Ontario have become more physically active. In 1995, only 42.6% of men and 35% of women over the age of 12 in Ontario reported being active or moderately active; by 2003, the proportions had climbed to 53.2% for men and 46.8% for women.* In 2003, for the population as a whole: 26.1% reported being physically active; 23.9% reported being moderately physically active; and 47.3% reported being physically inactive.

Ontario Males and Females Physically Active or Moderately Active Over Time - Ages 12 and Over



Source: *Statistics Canada, Canadian Community Health Survey 2003, 2000/01; National Population Health Survey 1994/95 - 1998/99.*

While the increase in physical activity among Ontarians is promising, in 2003 a significant proportion of men (43.7%) and women (50.7%) were still at higher risk of chronic disease and premature death because they were physically inactive. More still needs to be done to encourage Ontarians of all ages to be more active.

What is Ontario Doing to Promote Physical Activity?

The Ontario government recognizes the importance of physical activity in improving health and quality of life, and has developed a number of initiatives to promote physical activity:

- The Ontario government has funded the Ontario Physical and Health Education Association (OPHEA) to develop and implement the **Active Schools** initiative, which helps school communities promote physical activity.
- **The Curriculum and School-Based Health Resource Centre** addresses physical inactivity and other health risk factors in Ontario's elementary and secondary schools.
- **The Physical Activity Resource Centre** provides information and technical support to public health units.
- A number of chronic disease prevention and promotion programs actively promote physical activity, such as the Ontario Heart Health Program, the Stroke Strategy, the Asthma Strategy, and Ontario's diabetes prevention and treatment initiatives.
- Ontario is investing $5 million a year in **Active 2010**. **A new comprehensive strategy to increase participation in sport and physical activity in Ontario**, which is linked to the Canadian Sport Policy and the National Healthy Living Strategy.

* Readers should be cautious in interpreting changes over time for this indicator because of a change in the method of data collection.

What Can Ontarians Do to Be More Physically Active?

The average person should accumulate 60 minutes of physical activity every day to stay healthy or improve health. Most people can easily reach this goal by incorporating physical activity into their daily routine.[59] For more information on increasing your physical activity level, consult your healthcare professional or consult Health Canada's Physical Activity Guide. According to the Guide, the length of time that people have to be physically active depends on the effort required for the physical activity.

5.2 Smoking

Overview

The Ministry of Health and Long-Term Care estimates that, each year, 16,000 Ontarians die prematurely because of smoking. Tobacco use results in over 500,000 hospital days annually,[60] is a leading cause of stroke, lung cancer, and chronic lung disease, and increases the risk of many other cancers and medical disorders. It is also costly for the health system: Ontario spends more than $1 billion each year on diseases caused by smoking.[61]

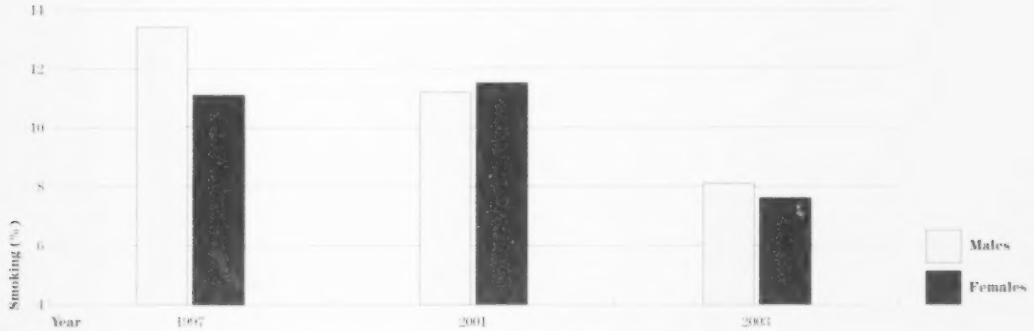
The best way to reduce the burden of tobacco use on individuals and the health system is to keep people from starting to smoke in the first place.

Smoking Rates in Ontario Teens

Over the past seven years, the number of Ontario teenagers who smoke has declined significantly. In 1996, 13.4% of males and 11.1% of females between the ages of 12 and 19 identified themselves as daily smokers; 18.4% of males and 15.4% of females identified themselves as current daily or occasional smokers. By 2003, only 8.1% of males and 7.6% of females reported smoking daily; 13.6% of males and 13.6% of females reported smoking daily or occasionally. In 2003, 7.9% of Ontario teenagers between the ages of 12 and 19 reported smoking daily and 13.6% reported smoking daily or occasionally.

[59] Health Canada. *Why Physical Activity is Important for You*. http://www.hc-sc.gc.ca/hppb/paguide/why.html.
[60] Ontario Medical Association. *Investing in Tobacco Control: Good Health Policy, Good Fiscal Policy*, 2003, p. i.
[61] Expert Panel on the Renewal of the Ontario Tobacco Strategy. *Actions will Speak Louder than Words*. Ministry of Health and Long-Term Care, 1999, p. iii.

Prevalence of Daily Smoking by Youth (Ages 12-19) in Ontario over Time



Source: *Statistics Canada, Canadian Community Health Survey 2000/01 and 2003, National Population Health Survey 1994/95 to 1998/99.*

This decline in smoking among teenagers indicates that recent efforts to prevent youth from starting to smoke are working. Lower teenage smoking rates will likely result in fewer adult smokers in the future. This will ultimately reduce smoking-related disease and deaths in Ontario.

What is the Health System Doing to Help Teenagers Make Healthy Choices About Smoking?

The Ontario Tobacco Control Strategy (OTS) has been in place since 1992. The OTS is a multifaceted strategy that focuses on preventing smoking among children and youth, encouraging current smokers to stop, and protecting people from the effects of second-hand smoke. The OTS includes several initiatives that target teenagers, including:

- TeenNet: a web-based program designed to engage youth in health promotion using interactive technology, and provide resources to prevent young Ontarians from starting to smoke and help them quit if they do smoke.
- Youth Tobacco Portal: a website targeted to Ontario youth that is designed to engage youth in health promotion, and serve as an entry point to tobacco-related material on the internet.
- Community Youth Initiatives: a Youth Tobacco Team, a nine-member advisory group of 14 to 18 year-olds (developed in partnership with the Ontario Lung Association) who provide a youth perspective in the development of smoking cessation and prevention programs.

What Can Ontarians Do to Help Teenagers Make Healthy Choices About Smoking?

Parents and other adults can play a key role in helping teenagers decide not to smoke by:

- talking to children about the dangers of smoking and its effect on their health.
- not smoking in their presence.[82]

[82] Government of Ontario. *Talk it Out: A Parent's Guide to Kids and Smoking*, 2003, p. 22.

Conclusion

Ontario is committed to achieving its vision of "*healthier Ontarians in a healthier Ontario*". The government is striving to provide access to high quality effective health services and, at the same time, make the best possible use of health resources and ensure the health system is sustainable.

We are already making progress in improving health, providing access to more services in the community, reducing wait times for some critical health services, improving patient satisfaction with the way services are provided, and preventing or delaying deaths from chronic illnesses. We are also seeing Ontarians playing a more active role in improving and protecting their own health.

By continuing to monitor the health system's performance, the Ministry can evaluate the effect that its initiatives are having on Ontarians' health. As part of the commitment to make Ontario a healthier place to live, the government will continue to report to the public on how the system is doing.

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